

	<b>Special Logic Notes:</b> NONE
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**2.6.51.1 Change Orders**

ID	NAME	DESCRIPTION
3327	Rel2 Create NEMT Provider Update	Create the Non-Emergency Medical Transportation Provider update extract file for the Commonwealth.

**2.6.52 prvpkmaa1 -- KMAA Transaction processor**

<b>Technical Name:</b>	prvpkmaa1
<b>Program Title:</b>	KMAA Transaction processor
<b>Programming Language:</b>	C
<b>Description:</b>	<p>This program processes provider transactions that are transmitted between FIQM and interChange.</p> <p><b>Input Parameters:</b> NONE</p> <p><b>Exit values:</b> EXIT_SUCCESS - Normal termination EXIT_FAILURE - Abnormal termination due to open, read, allocation, or input errors</p> <p><b>Input Files:</b> PRVJDKMAA NONE</p> <p><b>Output Files:</b> PRVJDKMAA prdkmaa01.dat</p> <p><b>Input Tables:</b> T_PR_PROV T_PR_SVC_LOC T_PMP_SVC_LOC T_PR_ADR T_PR_DEA T_PR_GRP_MBR T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_SPEC T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE T_PR_CLIA_STAT</p> <p><b>Output Tables:</b> T_PR_PROV T_PR_SVC_LOC T_PMP_SVC_LOC T_PR_ADR T_PR_DEA T_PR_GRP_MBR</p>

	T_PR_HB_LIC T_PR_LOC_NM_ADR T_PR_MCARE_BILL T_PR_NAM T_PR_PHP_ELIG T_PR_LICENSE T_PR_SPEC T_PR_SVC_LOC T_PR_TAX_ID T_PR_TYPE T_PR_CLIA_STAT  <b>Sort Criteria:</b> NONE  <b>Switches:</b> None at this time  <b>Link Procedures:</b> libxml and libmrpf  <b>Special Logic Notes:</b> NONE
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**2.6.52.1 Change Orders**

ID	NAME	DESCRIPTION
10	Enrollment Dup edit	Add edits to the KMAA enrollment data retrieve to check for duplicates. (NPI, Tax ID).
12	KMAA data transactions	Duplicate of CO 8  Accept and process online real-time provider data transactions and/or data files from KMAA. Information to be shared with KMAA: Rates - Input (CO 13) and Output (?) Application data - Input New Provider data - input
13	KMAA Rate Updates	Duplicate of CO 8.  Accept provider rate updates from KMAA. Provider rates can be negotiated by KMAA during Enrollment.
2603	BizTalk wrapper	Configure a wrapper program to accept a txn from BizTalk and feed it to the program written for CO 8.  Also read in the input txn and produce the output txn.
3269	Rel2 PR Enrl Txn - Err Checking	Add Error checking ability to the Provider Enrollment transaction.
3270	REL2 PR Enrl Txn - Update	Add update ability to the Provider Enrollment transaction.

ID	NAME	DESCRIPTION
6633	PE Txn updates	<p>The PE txn processing program needs two enhancements:</p> <ol style="list-style-type: none"><li>1. Do not update num_act_panel on T_PMP_SVC_LOC with the value that FH gives us. EDS receives an interface every night from KAMES that updates this field and that value is more current than what FH sends on an update transaction.</li><li>2. Add PREV as a valid Provider Number Type. Store this as a PRV number for the provider. This is used for a change of ownership, when a new provider is added and then an old provider is end dated. Transaction 1437 sent on Wednesday 3/14 contains an example of this. This transaction is included in the supplemental documentation below.</li><li>3. Store num_panel_limit in the T_PMP_PANEL_SIZE table.</li></ol>
8	KMAA Provider Data	<p>KMAA to send provider status/enrollment data, provider data, updates, etc.</p> <p>EDS will receive provider data transactions from FIQM periodically.</p> <p>Add edits to the KMAA enrollment data retrieve to check for duplicates. (NPI, Tax ID).</p>

## **2.7 Pages/Panels**

The Pages/Panels section is set up to display first the Page then all associated Panels. If a panel is accessible through more than one page, it displays multiple times in the document.

Some information in this section is represented in table format. In order to fit information on the page, some data field information may wrap to the next line.

### **2.7.1 PAGE: Provider Enrollment Application Information**

#### **2.7.1.1 Description**

Use the Provider Enrollment Application Information page to access provider application records by entering the enrollment tracking number or the provider name.

This page is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in the interChange KY MMIS at this time.

#### **2.7.1.2 Technical Name**

Prov.ProviderEnrollmentApplicationInformation.ascx

#### **2.7.1.3 Web Page Name**

ProvEnrApplInfo

#### 2.7.1.4 Provider Enrollment Application Information Layout

Next Search By: <b>ATN</b> <input type="text"/>		<b>Business OR</b> <input type="text"/>		<input type="button" value="search"/>	<input type="button" value="clear"/>
<b>Application Information</b> <span>?</span> <span>⬆</span>					
<b>ATN</b>	118	<b>Name</b>	JETSON, JUDY A	<b>Tax ID</b>	443463902
<b>Status</b>	Approved	<b>NPI</b>		<b>Tax ID Type</b>	SSN
<b>Last Status Date</b>	08/04/2005	<b>Address 1</b>	211 NE 2ND ST	<b>License</b>	000056743
<b>Media Type</b>	Mail	<b>Address 2</b>	DROP CODE 6004	<b>License State</b>	WA
<b>Application Type</b>	New Provider	<b>City</b>	SEATTLE	<b>License Type</b>	Other
<b>Date Received</b>	08/04/2005	<b>State</b>	WA	<b>License Effective Date</b>	07/01/1995
<b>Finalized</b>		<b>Zip</b>	98661	<b>License Expiration Date</b>	
<b>Clerk ID</b>	QZ4J9N	<b>Phone</b>	(916)555-1212	<b>Provider Number</b>	
<b>RTP Sent</b>	08/04/2005	<b>Contact</b>	CHERYL		
<b>RTP Received</b>	08/04/2005				
<b>Application Information Maintenance</b> <span>Prefs</span> <span>Top</span> <span>Bot</span> <span>?</span> <span>⬆</span>					
Select an area to add or modify					
<input type="checkbox"/> <b>Provider Application</b>					
KAPER					
<input type="button" value="save"/> <input type="button" value="cancel"/>					

## 2.7.2 PANEL: Application Contract

### 2.7.2.1 Description

Use the Application Contract panel to add contract information during enrollment.

Navigation Path: [Provider - Enrollment] - [(New button) OR (select row from search results)] - [Base Information] - [Add Contract (only available when application status is "Approved" and Provider Number field is populated)]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.2.2 Technical Name

Prov.ApplicationProgramEligibility.ascx

### 2.7.2.3 Panel Name

ApplnProElig

### 2.7.2.4 Application Contract Layout

The screenshot shows a web application window titled "Contract" with standard browser controls (Top, Nav, ?, A, ↑, X). Below the title bar is a table with the following data:

Contract	Financial Payer	Effective Date	End Date	Inactive Date	End Reason
Medicaid	DEFAULT	02/15/2000	02/15/2015	12/31/2299	Incorrect Pr Number

Below the table is a form with the following fields:

- Contract\*: Medicaid (dropdown menu)
- Financial Payer: DEFAULT (dropdown menu with an information icon)
- Effective Date\*: 02/15/2000 (text field)
- End Date\*: 02/15/2015 (text field)
- Inactive Date\*: 12/31/2299 (text field)
- End Reason\*: Incorrect Pr Number (dropdown menu)

There is a text label "Type changes below." to the right of the form fields. An "add" button is located at the bottom right of the form area.

### 2.7.2.5 Extra Features

This panel has no extra features.

**2.7.2.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Contract (Detail)	Contract code and description for the provider.	Field	Character	15	T_PR_ENROLL_PGM	CDE_PROV_PGM
Contract (List)	Contract code and description for the provider.	Field	Character	15	T_PR_ENROLL_PGM	CDE_PROV_PGM
Effective Date (Detail)	Effective date of enrollment for the chosen program.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_EFFECTIVE
Effective Date (List)	Effective date of enrollment for the chosen program.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_EFFECTIVE
End Date (Detail)	End date of the enrollment for the chosen program.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_END
End Date (List)	End date of the enrollment for the chosen program.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_END
End Reason (Detail)	Reason an end date is entered.	Field	Character	15	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
End Reason (List)	Reason an end date is entered.	Field	Character	15	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
Financial Payer (Detail)	Financial payer.	Field	Character	15	T_PR_PHP_ELIG	SAK_FIN_PAYER
Financial Payer (List)	Financial payer.	Field	Character	15	T_PR_PHP_ELIG	SAK_FIN_PAYER
Inactive Date (Detail)	Date the contract row is no longer valid (logical delete).	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_INACTIVE
Inactive Date (List)	Date the contract row is no longer valid (logical delete).	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_INACTIVE

**2.7.2.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Contract (Detail)	Field	1	A valid Contract is required.	Select a contract.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Date (Detail)	Field	0	End Date of '12/31/2299' must have 'Active' Status.	End Date of 12/31/2299 must have an active status.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same contract.
End Reason (Detail)	Field	1	A valid End Reason is required.	Select an end reason.
End Reason (Detail)	Field	2	'Active' Status must have End Date of '12/31/2299'.	If the status is active, the end date must be 12/31/2299.
Financial Payer (Detail)	Field	1	A valid Financial Payer is required.	Select a contract. The financial payer will automatically populate depending on the program value chosen.

**2.7.2.8 Associated Requirements**

ID
No associated requirements found.

**2.7.2.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

### 2.7.3 PANEL: Application Comment

#### 2.7.3.1 Description

The Application Comment panel lists any comments the end user has regarding the provider's application.

Navigation Path: [Provider - Enrollment] - [(New button) OR (select row from search results)] - [Comment]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

#### 2.7.3.2 Technical Name

Prov.ApplicationComment.ascx

#### 2.7.3.3 Panel Name

EnrollComment

#### 2.7.3.4 Application Comment Layout

The screenshot shows a web application interface for managing application comments. At the top, there is a table with two columns: 'Date' and 'Comment'. The table contains three rows of data:

Date	Comment
01/01/2004	At vero eos et accusamus et iusto odio dignissimos ducimus qui blanditiis praesentium
01/03/2004	sapiente delectus, ut aut reiciendis voluptatibus maiores alias
01/04/2003	maiores alias consequatur aut perferendis doloribus asperiores repellat

Below the table, there is a text prompt: "Select row above to update -or- type data below to add." Underneath this prompt is a form with two fields: 'Date' and 'Comment'. The 'Date' field is a small yellow box, and the 'Comment' field is a larger yellow box with a vertical scrollbar. To the right of the 'Comment' field is an 'add' button.

#### 2.7.3.5 Extra Features

This panel has no extra features.

#### 2.7.3.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Comment Date (Detail)	Date when comment was entered into system.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN_COMMENT	DTE_COMMENT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Comment Date (List)	Date when comment was entered into system.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN_COMMENT	DTE_COMMENT
Comment (Detail)	Comment	Field	Character	4000	T_PR_APPLN_COMMENT	DTE_COMMENT
Comment (List)	Comment	Field	Character	4000	T_PR_APPLN_COMMENT	COMMENT1

**2.7.3.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Comment (Detail)	Field	1	Comment is required.	Enter a comment.

**2.7.3.8 Associated Requirements**

ID
No associated requirements found.

**2.7.3.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## **2.7.4 PANEL: Application Base Information**

### **2.7.4.1 Description**

Use the Application Base Information panel to view, update, or add provider application data.

Navigation Path: [Provider - Enrollment] - [(New button) OR (select row from search results)] - [Base Information]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### **2.7.4.2 Technical Name**

Prov.ApplicationBaseInformation.ascx

### **2.7.4.3 Panel Name**

AppBlnf

For readability, the layout displays on the next page.

#### 2.7.4.4 Application Base Information Layout

Base Information		Top Nav ? A X	
ATN	118	Name Type	Business Name Personal Name
Status	Approved	Name	JETSON JUDY A
Last Status Date	08/04/2005	Address 1	211 NE 2ND ST
Media Type	Mail	Address 2	DROP CODE 6004
Application Type	New Provider	City	SEATTLE
Date Received	08/04/2005	State	WA
Date Finalized		Zip	98661
Clerk ID	QZ4J9N [ Search ]	Phone	(916)555-1212
RTP Sent Date	08/04/2005	Contact	CHERYL
QTY RTP Sent	0	Tax ID	443463902
RTP Received Date	08/04/2005	Tax ID Type	SSN
QTY RTP Received	2	License	000056743
NPI		License State	WA
Provider Number	[ Search ]	License Type	Other
		License Effective Date	07/01/1995
		License Expiration Date	

#### 2.7.4.5 Extra Features

This panel has no extra features.

#### 2.7.4.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	Street Address 1 of Provider.	Field	Character	30	T_PR_APPLN	ADR_STREET_1
Address 2	Street Address 2 of Provider	Field	Character	30	T_PR_APPLN	ADR_STREET_2
Application Type	Type of application requested by the provider	Combo Box	Drop Down List Box	0	T_PR_APPLN	CDE_APPL_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ATN	The provider's application tracking number.	Field	Character	9	T_PR_APPLN	SAK_ATN
City	Provider's City	Field	Character	15	T_PR_APPLN	ADR_CITY
Clerk ID	This is the clerk ID who entered the adjustment.	Field	Character	8	T_PR_APPLN	ID_CLERK
Contact	The person with whom EDS will correspond at the provider applicant's place of business	Field	Character	30	T_PR_APPLN	NAM_CONTACT
Date Finalized	Date the application was finalized	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_FINALIZED
Date Received	The date the application was received and put into the system	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RECEIVED
Last Status Date	The last date of the current known status of the provider's license.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_LAST_STATUS
License	The license number assigned to the provider.	Field	Character	10	T_PR_APPLN	NUM_PROV_LIC
License Effective Date	Effective date of the provider's license.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_LIC_CERT
License Expiration Date	Expiration date of the provider's license.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_LIC_CERT_END
License State	State for which license was granted	Combo Box	Drop Down List Box	0	T_PR_APPLN	CDE_LIC_STATE
License Type	The type of license issued to the provider. Valid values are 'H' for Health Board and 'P' for Prescriber.	Combo Box	Drop Down List Box	0	T_PR_APPLN	CDE_LIC_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Media Type	Media Type to communicate with Provider	Combo Box	Drop Down List Box	0	T_PR_APPLN	CDE_REQUEST_TYPE
Name	Name of Provider	Field	Character	50	T_PR_APPLN	NAME
Name Type	Name Type of Provider. Must choose between Business and Personal.	Field	Radio Button	0	T_PR_APPLN	IND_NAME_TYPE
NPI	National Provider Identifier.	Field	Character	10	T_PR_APPLN	NPI
Phone	Area code and phone number for Provider	Field	Character	10	T_PR_APPLN	NUM_PHONE
Phone2	Extension number	Field	Character	6	T_PR_APPLN	NUM_PHO_EXT
Provider Number	The ID of the provider.	Field	Character	10	T_PR_APPLN	ID_PROVIDER
QTY RTP Received	QTY RTP Received	Field	Number	2	T_PR_APPLN	QTY_RTN_FRM_PRV
QTY RTP Sent	QTY RTP Sent	Field	Number	2	T_PR_APPLN	QTY_RTN_TO_PROV
RTP Received Date	The date the RTP object was received	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RTP_REC
RTP Sent Date	The date the RTP object was sent.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RTP
State	Provider's State	Combo Box	Drop Down List Box	0	T_PR_APPLN	ADR_STATE
Status	Application Status of Provider.	Combo Box	Drop Down List Box	0	T_PR_APPLN	CDE_STATUS1
Tax ID	The tax ID of the Provider member.	Field	Character	9	T_PR_APPLN	NUM_TAX_ID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Tax ID Type	Provider tax ID type (SSN or FEIN)	Combo Box	Drop Down List Box	0	T_PR_APPLN	IND_TAX_ID_TYPE
Zip	Provider's Zip Code	Field	Character	5	T_PR_APPLN	ADR_ZIP_CODE
Zip + 4	Board zip code extension.	Field	Character	4	T_PR_APPLN	ADR_ZIP_CODE_4

**2.7.4.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	5001	Address info must be present.	Enter Address 1 field.
Application Type	Combo Box	91037	Application Type field is required.	Verify data entry. Selection from the drop down list box is required.
ATN	Field	91031	ETN must be alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
ATN	Field	91038	ETN must be 9 characters.	Enter a nine digit tax ID.
City	Field	9029	City is required.	Enter a city.
Clerk ID	Field	91052	Clerk ID is invalid.	Enter a valid clerk ID.
Date Finalized	Field	5138	Date Finalized may not be less than Received date.	Verify data entry. The date of finalization must not be chronologically before the date the completed application was received by EDS.
Date Finalized	Field	5139	Reason is required with Finalized date.	Verify data entry. When a finalized date is entered, a finalized reason must be chosen before saving
Date Finalized	Field	91001	Invalid Date (CCYYMMDD).	Verify data entry. Date must be entered in the above format
Date Received	Field	91001	Invalid Date (MMDDCCYY).	Verify data entry. The date must be entered in the above format.

Field	Field Type	Error Code	Error Message	To Correct
Last Status Date	Field	91001	Invalid Date (MMDDCCYY).	Verify data entry. The date must be entered in the above format.
License	Field	5259	License Number must be 3-10 characters.	Enter a license number with three to 10 characters.
License	Field	10002	License Number is Required.	Enter a license number.
License	Field	91031	License Number must be alphanumeric.	Enter an alphanumeric license number.
License Effective Date	Field	91001	Invalid Date (MMDDCCYY).	Verify data entry. The date must be entered in the above format.
License Effective Date	Field	91003	Date is required.	Verify data entry. Date entry is required.
License Expiration Date	Field	91001	Invalid Date (MMDDCCYY).	Verify data entry. The date must be entered in the above format.
License Expiration Date	Field	91003	Date is required.	Verify data entry. Date entry is required.
License Expiration Date	Field	91020	End Date must be >= Effective Date.	Verify data entry. The END DATE field must be entered before trying to save the effective date.
License Type	Combo Box	10002	License Type is Required.	Select a license type.
Media Type	Combo Box	91037	Media Type field is required.	Verify data entry. This field is required entry.
Name	Field	91037	Name field is required.	Verify data entry. Entry is required when the cursor is placed in the Name field.
NPI	Field	91106	Service Location not found.	Input a valid provider ID or Service Location.
NPI	Field	91118	Service Location was not entered. .	Input a valid Service location.

Field	Field Type	Error Code	Error Message	To Correct
Phone	Field	5102	Phone Number is invalid.	Verify data entry. Re-enter a phone number using all numbers.
Phone	Field	60025	Phone Number must be 10 digits.	Verify data entry. Re-enter a 10 digit phone number.
Phone2	Field	5103	Phone Number Extension is invalid.	Verify data entry. Re-enter an extension using all numbers.
Provider Number	Field	4146	Invalid Provider.	Verify data entry
Provider Number	Field	5093	Provider ID must be 9 numeric digits.	Verify data entry. Provider ID must be nine characters in length.
RTP Sent Date	Field	5138	RTP Sent Date may not be less than Received Date.	Verify data entry. The date of the RTP must not be chronologically before the date the completed application was received by EDS.
RTP Sent Date	Field	5141	RTP Reason is Required for RTP Sent Date.	Verify data entry. An RTP reason must be chosen in order to save the RTP date
RTP Sent Date	Field	91001	Invalid Date (CCYYMMDD).	Verify data entry. The date must be entered in the above format and is required.
State	Combo Box	91006	State is required.	Verify data entry. This field is required entry.
Status	Combo Box	91037	Status field is required.	The status field is required.
Tax ID	Field	5033	Tax ID is required.	Enter a tax ID.
Tax ID	Field	91029	Tax ID must be numeric.	Enter a numeric tax ID.
Tax ID	Field	91038	Tax ID must be 9 characters.	Enter a nine-digit tax ID.
Tax ID Type	Combo Box	5031	Tax ID Type is required.	Select a value for Tax ID Type.

Field	Field Type	Error Code	Error Message	To Correct
Zip	Field	9024	Zip Code must be numeric.	Enter a numeric zip code.
Zip	Field	9025	Zip Code must be 5 digits.	Enter a five digit zip code.
Zip + 4	Field	9026	Zip Code Extension must be numeric.	Enter a number zip code extension.
Zip + 4	Field	9027	Zip Code Extension must be 4 digits.	Enter a four-digit zip code extension.

**2.7.4.8 Associated Requirements**

ID
30.090.003.002.24

**2.7.4.9 CO / Defects**

ID	Type	Name	Description	Current Status
21	Change Order	Provider Status Codes	Update status code table to reflect Commonwealth values. Sample status codes are as follows: Application pending; Limited time-span enrollment; License suspended; Terminated (voluntary/involuntary); Deceased; License revoked; Terminated by Medicare; and Terminated by Medicaid.	Prod Implemented

## 2.7.5 PANEL: Application Mini-Search

### 2.7.5.1 Description

Use the Application Mini-Search for searches of the application from the Provider Enrollment Application Information page using the Enrollment Tracking Number or Provider Name without returning to the main Application Search panel.

Navigation Path: [Provider - Application Information]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.5.2 Technical Name

Prov.ApplicationMini-Search.ascx

### 2.7.5.3 Panel Name

AMiniSearch

### 2.7.5.4 Application Mini-Search Layout

### 2.7.5.5 Extra Features

This panel has no extra features.

### 2.7.5.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ATN	The provider's application tracking number.	Field	Character	9	T_PR_APPLN	SAK_ATN
Business OR Last Name, First	Full name of Provider.	Field	Character	50	T_PR_APPLN	NAME

### 2.7.5.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.5.8 Associated Requirements**

ID
No associated requirements found.

**2.7.5.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.6 PANEL: Application Information

### 2.7.6.1 Description

The Application Information panel provides a summary of the provider application information.

Navigation Path: [Provider - Enrollment] - [(Add button)]

OR (select row from search results)

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.6.2 Technical Name

Prov.ApplicationInformation.ascx

### 2.7.6.3 Panel Name

ApplInfo

### 2.7.6.4 Application Information Layout

Application Information			
<b>ATN</b>	118	<b>Name</b>	JETSON, JUDY A
<b>Status</b>	Approved	<b>NPI</b>	
<b>Last Status Date</b>	08/04/2005	<b>Address 1</b>	211 NE 2ND ST
<b>Media Type</b>	Mail	<b>Address 2</b>	DROP CODE 6004
<b>Application Type</b>	New Provider	<b>City</b>	SEATTLE
<b>Date Received</b>	08/04/2005	<b>State</b>	WA
<b>Finalized</b>		<b>Zip</b>	98661
<b>Clerk ID</b>	QZ4J9N	<b>Phone</b>	(916)555-1212
<b>RTP Sent</b>	08/04/2005	<b>Contact</b>	CHERYL
<b>RTP Received</b>	08/04/2005	<b>Tax ID</b>	443463902
		<b>Tax ID Type</b>	SSN
		<b>License</b>	000056743
		<b>License State</b>	WA
		<b>License Type</b>	Other
		<b>License Effective Date</b>	07/01/1995
		<b>License Expiration Date</b>	
		<b>Provider Number</b>	

### 2.7.6.5 Extra Features

This panel has no extra features.

**2.7.6.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ATN	The provider's application tracking number.	Field	Character	9	T_PR_APPLN	SAK_ATN
Address 1	Street Address of the Provider.	Field	Character	30	T_PR_APPLN	ADR_STREET_1
Address 2	Second street address of the Provider.	Field	Character	30	T_PR_APPLN	ADR_STREET_2
Application Type	Type of application requested by the provider.	Field	Character	15	T_PR_APPLN	CDE_APPL_TYPE
City	Provider's City.	Field	Character	15	T_PR_APPLN	ADR_CITY
Clerk ID	This is the clerk ID who entered the adjustment.	Field	Character	8	T_PR_APPLN	ID_CLERK
Contact	The person with which EDS will correspond at the provider applicant's place of business.	Field	Character	15	T_PR_APPLN	NAM_CONTACT
Date Received	The date the application was received and entered into the system.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RECEIVED
Finalized	Date the application was finalized.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_FINALIZED
Last Status Date	The date of the last change to the application status.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_LAST_STATUS
License	The license number assigned to the provider.	Field	Character	10	T_PR_APPLN	NUM_PROV_LIC
License Effective Date	Effective date of the license.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_LIC_CERT
License Expiration Date	Expiration date of the license.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_LIC_CERT_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
License State	State for which license was granted.	Field	Character	2	T_PR_APPLN	CDE_LIC_STATE
License Type	The type of license issued to the provider. Valid values are 'H' for Health Board and 'P' for Prescriber.	Field	Character	15	T_PR_APPLN	CDE_LIC_TYPE
Media Type	Source of the provider application request (example email, phone, and so on).	Field	Character	15	T_PR_APPLN	CDE_REQUEST_TYPE
NPI	National Provider Identifier.	Field	Character	10	T_PR_APPLN	NPI
Name	Last name, first name and middle initial of provider.	Field	Character	20	T_PR_APPLN	NAME
Phone	Provider's phone number.	Field	Character	10	T_PR_APPLN	NUM_PHONE
Provider Number	The ID of the provider.	Field	Character	10	T_PR_APPLN	ID_PROVIDER
RTP Received	The date that the corrected application was returned to the account.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RTP_REC
RTP Sent	The date the Return to Provider letter was sent.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RTP
State	Provider's state.	Field	Character	2	T_PR_APPLN	ADR_STATE
Status	The status of the provider's application.	Field	Character	15	T_PR_APPLN	CDE_STATUS1
Tax ID	The tax ID of the provider member.	Field	Character	9	T_PR_APPLN	NUM_TAX_ID
Tax ID Type	Provider tax ID type (SSN or FEIN).	Field	Character	5	T_PR_APPLN	IND_TAX_ID_TYPE
Zip	Provider's zip code.	Field	Character	9	T_PR_APPLN	ADR_ZIP_CODE

**2.7.6.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.6.8 Associated Requirements**

ID
No associated requirements found.

**2.7.6.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.7 PANEL: Application Information Maintenance

### 2.7.7.1 Description

The Application Information Maintenance panel provides links to various provider application information maintenance panels.

Navigation Path: [Provider - Enrollment] - [(New button) OR (select row from search results)]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.7.2 Technical Name

Prov.ApplicationInformationMaintenance.ascx

### 2.7.7.3 Panel Name

AppInfMain

### 2.7.7.4 Application Information Maintenance Layout

### 2.7.7.5 Extra Features

This panel has no extra features.

### 2.7.7.6 Field Descriptions

Field	Description	Field Type
Comment	Link to Comment Panel	Hyperlink
Provider Information	Link to Provider Information Page	Hyperlink
RTP Letter	Link to RTP Letter Panel	Hyperlink

**2.7.7.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.7.8 Associated Requirements**

ID
No associated requirements found.

**2.7.7.9 CO / Defects**

ID	Type	Name	Description	Current Status
2852	Change Order	KYAmend-KAPER Menu	Create an option on the Application Information Maintenance menu labeled KAPER. Create a new KAPER Form Maintenance menu with the following links (menu options): <ul style="list-style-type: none"> <li>• Section 1 Personal Information and Professional ID's;</li> <li>• Section 2 Education and Training;</li> <li>• Section 3 Professional / Medial Specialty Information;</li> <li>• Section 4 Practice Location Information;</li> <li>• Section 5 Hospital Affiliations;</li> <li>• Section 6 Professional Liability;</li> <li>• Section 7 Work History and References; and,</li> <li>• Section 8 Disclosure Questions.</li> </ul>	Deferred
2853	Change Order	KYAmend-KAPER Provider Type	Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Provider Type information.  See the KAPER Form for more detail.	Prod Implemented
2854	Change Order	KYAmend-KAPER Provider Name	Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Provider Name information.  See the KAPER Form for more detail.	Prod Implemented

ID	Type	Name	Description	Current Status
2855	Change Order	KYAmend-KAPER General Info	Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER General Information data.  See the KAPER Form for more detail.	Prod Implemented
2856	Change Order	KYAmend-KAPER Home and Contact	Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Home Address data as well as the contact info (email, fax, preferred method).  See the KAPER Form for more detail.	Prod Implemented
2857	Change Order	KYAmend-KAPER Professional Ids	Create maintenance panels opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. These three panels are used to maintain the KAPER DEA, CDS, and State License Number data.  See the KAPER Form for more detail.	Prod Implemented
2858	Change Order	KYAmend-KAPER Other ID Numbers	Create maintenance panels opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. These two panels are used to maintain the KAPER Other ID Numbers and the ECFMG.  See the KAPER Form for more detail.  The same panel will be used to maintain the following Other Numbers: <ul style="list-style-type: none"> <li>• Medicare;</li> <li>• UPIN;</li> <li>• Medicaid - state is required;</li> <li>• NPI;</li> <li>• USMLE; and,</li> <li>• Workers Comp.</li> </ul> ECFMG is maintained on its own panel.	Prod Implemented

ID	Type	Name	Description	Current Status
2859	Change Order	KYAmend-KAPER Section 1	<p>Open up all panels used to maintain data in Section 1 Personal Information and Professional ID's when this menu option is selected. These include</p> <ul style="list-style-type: none"> <li>• KAPER Provider Type CO2853;</li> <li>• Name CO 2854;</li> <li>• General Information CO 2855;</li> <li>• Home Address CO 2856;</li> <li>• Professional Ids CO 2857; and,</li> <li>• Other ID Numbers CO 2858.</li> </ul>	Prod Implemented
2885	Change Order	KYAmend-KAPER Undergrad School	<p>Create maintenance panels opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Undergraduate school data.</p> <p>See the KAPER Form for more detail.</p>	Prod Implemented
2886	Change Order	KYAmend-KAPER Graduate Type	<p>Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Graduation Type data.</p> <p>See the KAPER Form for more detail.</p>	Prod Implemented
2887	Change Order	KYAmend-KAPER US or Can School	<p>Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER US or Canadian School data.</p> <p>See the KAPER Form for more detail.</p>	Prod Implemented
2888	Change Order	KYAmend-KAPER Non-US or Can Sch	<p>Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Non-US or Canadian School data.</p> <p>See the KAPER Form for more detail.</p>	Prod Implemented

ID	Type	Name	Description	Current Status
2889	Change Order	KYAmend-KAPER Training	Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Training data.  See the KAPER Form for more detail.	Prod Implemented
2890	Change Order	KYAmend-KAPER Internship	Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Internship and Residency data.  See the KAPER Form for more detail.	Prod Implemented
2891	Change Order	KYAmend-KAPER Section 2	Open up all panels used to maintain data in Section 2 Education and Training when this menu option is selected. These include <ul style="list-style-type: none"> <li>• Undergraduate school CO2885;</li> <li>• Graduate Type CO 2886;</li> <li>• US or Canadian School CO 2887;</li> <li>• NON US or Canadian School CO 2888;</li> <li>• Training CO 2889; and,</li> <li>• Internship and Residency CO 2890.</li> </ul>	Deferred
2892	Change Order	KYAmend-KAPER Primary Specialty	Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Primary Specialty data.  See the KAPER Form for more detail.	Prod Implemented
2893	Change Order	KYAmend-KAPER Second Specialty	Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Secondary Specialty data.  See the KAPER Form for more detail.	Prod Implemented

ID	Type	Name	Description	Current Status
2894	Change Order	KYAmend-KAPER Certifications	Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Certification data.  See the KAPER Form for more detail.	Prod Implemented
2895	Change Order	KYAmend-KAPER Practice Interest	Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Practice Interest (free form text) data.  See the KAPER Form for more detail.	Prod Implemented
2896	Change Order	KYAmend-KAPER Primary Cred Cont	Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Primary Credentialing contact data.  See the KAPER Form for more detail.	Prod Implemented
2897	Change Order	KYAmend-KAPER Section 3	Open up all panels used to maintain data in Section 3 Professional / Medical Specialty Information when this menu option is selected. These include <ul style="list-style-type: none"> <li>• Primary Specialty CO2892;</li> <li>• Secondary Specialty CO 2893;</li> <li>• Certifications CO 2894;</li> <li>• Practice Interests CO 2895; and,</li> <li>• Primary Credentialing Contact CO 2896.</li> </ul>	Prod Implemented
2937	Change Order	KYAmend-KAPER Primary Pract Loc	Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Primary Practice Location.  Table is T_KAPER_PRACTICE_LOC. Note: a provider may have multiple practice locations.  See the KAPER Form for more detail.	Deferred

ID	Type	Name	Description	Current Status
2938	Change Order	KYAmend-KAPER Office Manager	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Office Manager data.</p> <p>Table name is T_KAPER_OFF_MGR. Multiple rows may be entered.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2939	Change Order	KYAmend-KAPER Billing Contact	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Billing Contact data.</p> <p>Table is T_KAPER_CONTACT. The field cde_contact_type is hard_coded with a value of 'B' for Billing.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2940	Change Order	KYAmend-KAPER Payment and Remit	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Payment and Remittance data.</p> <p>There can be only one pay-to name and address so a list portion of the panel is not needed. The top three fields are in the T_KAPER_GENERAL_INFO table and will be updated only (no inserts). The bottom fields will be inserted into t_kaper_contract with a cde_contract_type = 'P'.</p> <p>See the KAPER Form for more detail.</p>	Deferred

ID	Type	Name	Description	Current Status
2941	Change Order	KYAmend-KAPER Office Hours	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Office Hour data.</p> <p>Table is T_KAPER_OFFICE_HOURS. Require four bytes to be entered for the time but allow spaces. For example 8 AM should be entered as 0800 A.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2942	Change Order	KYAmend-KAPER Open Practice Stat	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Open Practice Status data.</p> <p>Table is T_KAPER_PRACTICE_STATUS.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2943	Change Order	KYAmend-KAPER Mid Level Pract	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Mid-Level Practitioner data.</p> <p>Table is T_KAPER_MID_LVL_PRACT. The first Yes/No indicator will not appear on the form. This field is in table T_KAPER_GENERAL_INFO and will be updated to a Y upon a successful save.</p> <p>See the KAPER Form for more detail.</p>	Deferred

ID	Type	Name	Description	Current Status
2944	Change Order	KYAmend-KAPER Languages	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Languages data.</p> <p>Table is T_KAPER_PR_LANGUAGE. The field CDE_LANG_METHOD is hard-coded to 'O' for Office Personnel.</p> <p>Code table T_KAPER_LANGUAGE contains the valid language codes. Display both the code and the description in the drop down list.</p> <p>The Interpreters field is on the T_KAPER_GENERAL_INFO table.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2945	Change Order	KYAmend-KAPER Accessibilities	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Accessibilities data.</p> <p>Table is T_KAPER_ACCESS.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2946	Change Order	KYAmend-KAPER Services	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Service data.</p> <p>Table is T_KAPER_SERVICES.</p> <p>See the KAPER Form for more detail.</p>	Deferred

ID	Type	Name	Description	Current Status
2947	Change Order	KYAmend-KAPER Partners Assoc	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Partners Assoc data.</p> <p>Table is T_KAPER_COLLEAGUE. Field cde_partner is hard-coded to 'P'. The Type and Specialty dropdowns will be filled with the T_KAPER_SPECIALTY and T_KAPER_TYPE code tables. Make sure the code and description appear in the list. These type and specialty drop down lists appear on multiple panels.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2948	Change Order	KYAmend-KAPER Covering Coll	<p>Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Covering Colleagues data.</p> <p>Table is T_KAPER_COLLEAGUE. Field cde_partner is hard-coded to 'C'. The Type and Specialty dropdowns will be filled with the T_KAPER_SPECIALTY and T_KAPER_TYPE code tables. Make sure the code and description appear in the list. These type and specialty drop down lists appear on multiple panels.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2949	Change Order	KYAmend-KAPER Admitting	<p>Create a maintenance panel opened when the KAPER Selection 5 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Admitting Arrangements data.</p> <p>The field's ind_hosp_priv and txt_admit_arrange on table T_KAPER_GENERAL_INFO are updated on this panel. This table will always have data on it already because Section 1 must be saved before getting to this panel.</p> <p>See the KAPER Form for more detail.</p>	Deferred

ID	Type	Name	Description	Current Status
2950	Change Order	KYAmend-KAPER Section 4	<p>Open up all panels used to maintain data in Section 4 Practice Location Information when this menu option is selected. These include</p> <ul style="list-style-type: none"> <li>• Primary Practice Location CO2937;</li> <li>• Office Manager CO 2938;</li> <li>• Billing Contact CO 2939;</li> <li>• Payment and Remit CO 2940;</li> <li>• Office Hours CO 2941;</li> <li>• Open Practice Status CO 2942;</li> <li>• Mid-Level Practitioner CO 2943;</li> <li>• Languages CO 2944;</li> <li>• Accessibilities CO 2945;</li> <li>• Services CO 2946;</li> <li>• Partners Associates CO 2947;</li> <li>• Covering Colleagues CO 2948; and,</li> <li>• Admitting Arrangements CO 2949.</li> </ul>	Deferred
2951	Change Order	KYAmend-KAPER Hosp Priv Primary	<p>Create a maintenance panel opened when the KAPER Selection 5 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Hosp Privileges Primary data.</p> <p>Table is T_KAPER_HOSP_PRIV. Cde_priv_type = 'P'.</p> <p>See the KAPER Form for more detail.</p>	Deferred
2952	Change Order	KYAmend-KAPER Hosp Priv Other	<p>Create a maintenance panel opened when the KAPER Selection 5 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Hosp Privileges Other data.</p> <p>Table is T_KAPER_HOSP_PRIV. Cde_priv_type = 'P'.</p> <p>See the KAPER Form for more detail.</p>	Deferred

ID	Type	Name	Description	Current Status
2953	Change Order	KYAmend-KAPER Insurance Carriers	Create a maintenance panel opened when the KAPER Selection 6 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Insurance Carriers data.  Table name is T_KAPER_INSURANCE.  See the KAPER Form for more detail.	Deferred
2954	Change Order	KYAmend-KAPER Section 5	Open up all panels used to maintain data in Section 5 Hospital Affiliations Information when this menu option is selected. These include <ul style="list-style-type: none"> <li>• Admitting Priv CO 2949;</li> <li>• Hospital Privileges Primary CO2951; and,</li> <li>• Hospital Privileges Other CO2952.</li> </ul>	Deferred
2955	Change Order	KYAmend-KAPER Section 6	Open up all panels used to maintain data in Section 6 Professional Liability Information when this menu option is selected. These include <ul style="list-style-type: none"> <li>• Insurance Carriers CO2953.</li> </ul>	Deferred
2956	Change Order	KYAmend-KAPER Military Duty	Create a maintenance panel opened when the KAPER Selection 7 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Military Duty data.  See the KAPER Form for more detail.	Deferred
2957	Change Order	KYAmend-KAPER Work History	Create a maintenance panel opened when the KAPER Selection 7 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Work History data.  See the KAPER Form for more detail.	Deferred
2958	Change Order	KYAmend-KAPER Work Gaps	Create a maintenance panel opened when the KAPER Selection 7 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Gaps in Work History data.  See the KAPER Form for more detail.	Deferred

ID	Type	Name	Description	Current Status
2965	Change Order	KYAmend-KAPER Quest and Comm	Create a maintenance panel opened when the KAPER Selection 8 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Questions and Comments data.  See the KAPER Form for more detail.	Deferred
2966	Change Order	KYAmend-KAPER Section 8	Open up all panels used to maintain data in Section 8 Disclosure Questions when this menu option is selected. These include <ul style="list-style-type: none"> <li>• Questions and Comments CO2965.</li> </ul>	Deferred
2967	Change Order	KYAmend-KAPER Section 7	Open up all panels used to maintain data in Section 7 Work History and References when this menu option is selected. These include: <ul style="list-style-type: none"> <li>• Military Duty CO2956;</li> <li>• Work History CO2957; and,</li> <li>• Gaps in Work History CO2958.</li> </ul>	Deferred
2968	Change Order	KYAmend-KAPER Data Model	Create tables to store all of the data entered on the KAPER form.	Prod Implemented
2970	Change Order	KYAmend-Provider Enroll Process	Update the Provider Enrollment process to incorporate data entered from the Map 811 and KAPER forms. Some of the provider tables can be pre-populated with data from these forms.	Deferred

## 2.7.8 PANEL: Application RTP Letter

### 2.7.8.1 Description

Use the Application RTP Letter panel to save return to provider (RTP) reasons. The reasons then are included on the Provider RTP Letter when the Create RTP Letter option is selected.

Navigation Path: [Provider - Enrollment] - [(New button) OR (select row from search results)] - [RTP Letter]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.8.2 Technical Name

Prov.ApplicationRTPLetter.ascx

### 2.7.8.3 Panel Name

RTPLetter

### 2.7.8.4 Application RTP Letter Layout

### 2.7.8.5 Extra Features

This panel has no extra features.

### 2.7.8.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
RTP Reason (Detail)	The reason that the application has been returned to the provider with valid values.	Field	Character	250	T_PR_APPLN_RTP	DSC_RTP_REAS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
RTP Reason (List)	The reason that the application has been returned to the provider with valid values.	Field	Character	250	T_PR_APPLN_RTP	DSC_RTP_REAS

**2.7.8.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
RTP Reason (Detail)	Field	1	RTP Reason is required.	Enter an RTP Reason.

**2.7.8.8 Associated Requirements**

ID
No associated requirements found.

**2.7.8.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## **2.7.9 PAGE: Provider Enrollment Application Information Add Service Location**

### **2.7.9.1 Description**

Use the Provider Enrollment Application Information Add Service Location page to capture service location information.

This page is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in the interChange KY MMIS at this time.

### **2.7.9.2 Technical Name**

Prov.ProviderEnrollmentApplicationInformationAddServiceLocation.ascx

### **2.7.9.3 Web Page Name**

ProvEnAppInfAddSL

For readability the layout displays on the next page.

#### 2.7.9.4 Provider Enrollment Application Information Add Service Location Layout

Application Information		
ATN	145	Name
Status	Approved	NPI
Last Status Date	11/17/2005	Address 1
Media Type	Fax	Address 2
Application Type		City
Date Received	11/17/2005	State
Finalized		Zip
Clerk ID	#MASQUER	Phone
RTP Sent		Contact
RTP Received		

Application Information Maintenance	
Select an area to add or modify	
Provider Application	Comment RTP Letter Provider Information
KAPER	
save	cancel

Base Information	
ATN	145
Status	Approved
Last Status Date	11/17/2005
Media Type	Fax
Application Type	
Date Received	11/17/2005
Date Finalized	
Clerk ID	#MASQUER [ Search ]
RTP Sent Date	
QTY RTP Sent	0
RTP Received Date	
QTY RTP Received	0
NPI	
Provider Number	100000019C [ Search ]

Name Type	
Name	ANSWER SAMMY
Address 1	444 SECOND ST
Address 2	
City	MILLTOWN
State	TN
Zip	78945
Phone	(717)999-4545
Contact	
Tax ID	
Tax ID Type	
License	
License State	
License Type	
License Effective Date	
License Expiration Date	

The application has been approved. Please select one of the following:

- Add Service Location

Type data below for new record.

Service Location	
County*	
Organization Code*	
Mass Rate Update Indicator*	Yes
Public/Private Indicator*	Private
Billing Indicator*	Yes
Withhold FICA*	No
Healthcare Indicator	
Exempt from De-Activation	No
Contact Preference	Paper
Qualified Elec Biller	No
Auto RA Date	
End Paper RA*	12/31/2299
837 Cert. Date	
Suppress Check	
Suppress RA*	No
Open Lien	
Fiscal Year End	
Out of State Type	
Allow Paper	Yes
Inter Account Indicator	

## **2.7.10 PANEL: Provider Location Name Address**

### **2.7.10.1 Description**

Use the Provider Location Name Address panel to maintain provider names and addresses. The panel displays the list of names and addresses for a specific service location. Click Maintain Name or Maintain Address to change the name and/or address. At that time, either enter a new name or address or choose Select From List to select a name or address from the list of names and addresses the provider has on file.

Navigation Path: [Provider - Search] - [select row from search results] - [Location Name Address]

OR [Provider - Application Search] - [(New button)

OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is "Approved" and Provider Number field <> blank)

OR Enroll Provider (only available when application status is "Approved" and Provider Number field = blank)] - [Location Name Address]

### **2.7.10.2 Technical Name**

Prov.ProviderLocationNameAddress.ascx

### **2.7.10.3 Panel Name**

LocNaAdd

For readability the layout displays on the next page.

#### 2.7.10.4 Provider Location Name Address Layout

**Location Name Address** Top Nav ? A X

Usage	Name	Street	City	State	Zip	Country	Zip + 4	Phone	Ext	Handicap Access	E-Mail
Check Mailing	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Doing Business As	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Home Office	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Remittance	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	

Type changes below.

**Name Type** ☒ Business Name ☐ Personal Name

**Name** SMITH JOHN X

**Title** MD

**Usage** Remittance

**Country** UNITED STATES

**Address 1** PO BOX 5590

**Address 2** MAIL STOP 9431

**International Address**

**City** HARTFORD

**State** CT

**Zip** 06103

**E-Mail**

**Apply Changes To:**

100000029A ☐ Svc Loc

100000029B ☐ Pay To

☒ Mail To

☐ Home Office

**Phone** (999)551-3355

**Fax** (999)551-3344

**International Phone**

**International Fax**

**Handicap Accessible?** No

**Longitude** -94.8547

**Latitude** 35.9188

[maintain name](#) [maintain address](#)

#### 2.7.10.5 Extra Features

This panel has no extra features.

#### 2.7.10.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1 (Detail)	Street address 1.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1
Address 2 (Detail)	Street address 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT2
Apply Changes To: Provider Number	Provider numbers of different service locations of this same provider.	Field	Drop Down List Box	10	T_PR_IDENTIFIE R	ID_PROVIDER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
City (Detail)	City.	Field	Character	15	T_PR_ADR	ADR_MAIL_CITY
City (List)	City.	Field	Character	15	T_PR_ADR	ADR_MAIL_CITY
Country	Provider's country.	Field	Drop Down List Box	0	T_PR_ADR	CDE_COUNTRY
E-mail (Detail)	Provider's email address.	Field	Character	50	T_PR_ADR	ADR_EMAIL
E-mail (List)	Provider's email address.	Field	Character	50	T_PR_ADR	ADR_EMAIL
Fax	Provider's Fax number.	Field	Character	10	T_PR_ADR	NUM_PHONE_FAX
Handicap access (List)	Provider's handicap access indicator (Yes/No).	Combo Box	Character	1	T_PR_ADR	CDE_HANDICAP_ACC
Handicap accessible (Detail)	Provider's handicap access indicator (Yes/No).	Combo Box	Character	1	T_PR_ADR	CDE_HANDICAP_ACC
Home Office	Mail office type of address.	Field	Check Box	1	T_PR_ADDR_CO DE	CDE_ADDR_USAGE
International Address	Provider's third line of address if the provider is located outside the US. This replaced the city, state, and zip code.	Field	Character	50	T_PR_ADR	ADR_MAIL_STRT3
International Fax	Provider's fax number if the provider is located outside the US. This replaced the fax field.	Field	Character	15	T_PR_ADR	NUM_PHONE_FAX_INT
International Phone	Provider's phone number if the provider is located outside the US. This will replace the Phone field.	Field	Character	15	T_PR_ADR	NUM_PHONE_INT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Latitude	Provider's calculated latitude.	Field	Number	11	T_PR_ADR	NUM_LATITUDE
Longitude	Provider's calculated longitude.	Field	Number	11	T_PR_ADR	NUM_LONGITUDE
Mail To	Mail to type of address.	Field	Check Box	1	T_PR_ADDR_CO DE	CDE_ADDR_USAGE
Name (Detail)	Provider's name.	Field	Character	50	T_PR_NAM	NAME
Name (List)	Provider's name.	Field	Character	50	T_PR_NAM	NAME
Name Type	Type of name: Business or Personal.	Field	Radio Button	0	T_PR_NAM	IND_NAME_TYPE
Pay To	Pay to type of address.	Field	Check Box	1	T_PR_ADDR_CO DE	CDE_ADDR_USAGE
Phone (Detail)	Provider's phone number.	Field	Character	10	T_PR_ADR	NUM_PHONE
Phone + Phone Ext (List)	Provider's phone number + Provider's phone extension.	Field	Character	14	T_PR_ADR	NUM_PHONE + NUM_PHO_EXT
Phone Ext (Detail)	Provider's phone extension.	Field	Character	4	T_PR_ADR	NUM_PHO_EXT
State (Detail)	State.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
State (List)	State.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
Street address 1 + Street address 2 (List)	Street address 1 and 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1 + ADR_MAIL_STRT2
Svc Loc	Service Location Type of address.	Field	Check Box	1	T_PR_ADDR_CO DE	CDE_ADDR_USAGE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Title	Provider's official title with valid values from the title list.	Field	Drop Down List Box	15	T_PR_NAM	NAM_TITLE
Usage (Detail)	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	15	T_PR_LOC_NM_ADR	IND_ADDR_TYPE
Usage (List)	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	15	T_PR_LOC_NM_ADR	IND_ADDR_TYPE
Zip (Detail)	Zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP
Zip (List)	Zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Zip code extension.	Field	Character	4	T_PR_ADR	ADR_MAIL_ZIP_4

**2.7.10.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1 (Detail)	Field	1	Address Line 1 is required.	Enter an address 1.
City (Detail)	Field	1	City is required.	Enter a city.
Latitude	Field	5000	Latitude and longitude could not be calculated. Please review changes.	This is a warning message. The latitude and longitude could not be calculated for the address entered. Please review the changes.
Longitude	Field	5000	Latitude and longitude could not be calculated. Please review changes.	This is a warning message. The latitude and longitude could not be calculated for the address entered. Please review the changes.

Field	Field Type	Error Code	Error Message	To Correct
Name (Detail)	Field	1	Name is required.	Enter a name.
Name (Detail)	Field	231	Both First Name and Last Name are required.	Enter a first and last name.
Phone Ext (Detail)	Field	10	Ext must be Numeric.	Enter a numeric phone extension.
Phone (Detail)	Field	1	Phone is required.	Enter a phone number.
State (Detail)	Field	29	A valid State is required.	Choose a state code.
Zip (Detail)	Field	1	Zip is required.	Enter a zip code.

**2.7.10.8 Associated Requirements**

ID
30.090.003.002.21
30.090.003.002.22
30.090.003.002.34

**2.7.10.9 CO / Defects**

ID	Type	Name	Description	Current Status
149	Change Order	International Address	<p>Add ability to store international address and phone numbers on the address table.</p> <p>This includes up to a 15 digit phone number and an address with a zip code that may not match the 5-4 standard.</p>	Prod Implemented

## 2.7.11 PANEL: Provider Service Location

### 2.7.11.1 Description

Use the Provider Service Location panel to maintain provider information pertaining to a specific service location.

Navigation Path: [Provider - Search] - [select row from search results] - [Service Location]

### 2.7.11.2 Technical Name

Prov.ProviderServiceLocation.ascx

### 2.7.11.3 Panel Name

ServLoc

### 2.7.11.4 Provider Service Location Layout

Service Location			Prefs Top Bot ? ↕	
National Provider ID /	Medicaid Provider Number	Base Provider Number		
1000000275	100151609A	100151609		
Type changes below.				
County*	Lyon	Auto RA Date		
Organization Code*	Sole Proprietor	End Paper RA*	12/31/2299	
Mass Rate Update Indicator*	Yes	837 Cert. Date		
Public/Private Indicator*	Private	Suppress Check		
Billing Indicator*	Yes	Suppress RA*	No	
Withhold FICA*	No	Open Lien	<input type="checkbox"/>	
Healthcare Indicator	No	Fiscal Year End		
Exempt from De-Activation*	No	Out of State Type		
Contact Preference*	Paper	Allow Paper*	Yes	
Qualified Elec Biller*	Yes	Inter Account Indicator		

### 2.7.11.5 Extra Features

This panel has no extra features.

**2.7.11.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
837 Cert Date	The date a provider was certified to submit 837 electronic claims. This is a read only field controlled by the EDI subsystem.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_ECC_EFF
Allow Paper	Indicates if this provider is allowed to submit paper claims.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	IND_PAPER_ALLOW
Auto Ra Date	Provider's automatic RA transmittal effective date. This is a read only field controlled by the EDI subsystem.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_ARA_EFF
Base Provider Number	Base Number assigned by interChange to link together provider records.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Billing Indicator	Yes or No indicator to tell the system if this is a billing provider.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_BILLER
Contact Preference	Indicates the type of media the provider desires for communications.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	CONTACT_PREF
County	Provider's county.	Field	Drop Down List Box	3	T_PR_SVC_LOC	CDE_COUNTY
End Paper RA	The date that the provider's paper RA will be stopped (when provider has requested automatic RA transmittal).	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_END_PAPER_RA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Exempt from De-Activation	Indicates if this provider is exempt from the Inactive Provider Deactivation process and reporting.	Field	Drop Down List Box	1	T_PR_SVC_LOC_STATE	IND_EXEMPT_DEACTIV
Fiscal Year End	Indicates the month the provider's fiscal year end occurs.	Field	Drop Down List Box	1	T_PR_SVC_LOC_STATE	FYE_MONTH
Healthcare Indicator	Indicates if this provider is required to have an NPI.	Field	Character	1	T_PR_SVC_LOC	IND_HEALTHCARE
Inter Account Indicator	A display only field that displays the payment method. Values are either blank, Partnership, Impact Plus, or Commonwealth Agency.	Field	Character	25	T_PR_EFT_ACC	IND_ACCT_TYPE
Mass Rate Update Indicator	Yes or No indicator for eligibility for mass rate update.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_MASS_RATE_UPD
Medicaid Provider Number	Provider Number as assigned by DMS.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
National Provider ID	National Provider Identifier as defined by the CMS enumerator.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Open Lien	Indicates whether a provider has an open lien in the financial windows.	Check Box	Check Box	1	N/A	CALCULATED FIELD
Organization Code	Provider's organization identification code (type of practice).	Field	Drop Down List Box	2	T_PR_SVC_LOC	CDE_ORGANIZ

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Out of State Type	Identifies the type of out of state provider, used by claims pricing.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	IND_OOS
Public/Private Indicator	Indicator to tell the system that this provider is a private or public provider.	Field	Drop Down List Box	1	T_PR_SVC_LOC	CDE_PUB_PRIV
Qualified Elec Biller	Indicates if this provider has completed the proper paper work to qualify to bill electronically.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	IND_ELEC_BILLER
Suppress Check	Effective date of check suppression.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_SUPPRESS_CHECK
Suppress RA	Yes or No indicator to suppress the RA for this provider and service location.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_SUPPRESS_RA
Withhold FICA	Yes or No indicator to tell financial if this provider service location should have FICA withheld from its checks.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_FICA

**2.7.11.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
County	Field	1	County is required.	Choose a county.
End Paper RA	Field	15	End Paper RA [A] must be greater than or equal to Auto RA Date [B].	A provider must get either an electronic or paper RA. The paper RA can not end until the provider had a trading partner agreement to receive electronic.
Organization Code	Field	1	Org Code is required.	Choose an organization code.

**2.7.11.8 Associated Requirements**

ID
30.090.003.002.17
30.090.003.002.21
30.090.003.002.33

**2.7.11.9 CO / Defects**

ID	Type	Name	Description	Current Status
2093	Change Order	Provider Inactive Indicator	There is a need to be able to exempt single providers from the De-Activate process.  To accomplish this, an indicator is needed on the T_PR_SVC_LOC_STATE table to identify these providers.	Prod Implemented
2134	Change Order	Prov - Inter-account indicator	The legacy inter-account indicator needs to be accommodated in interChange.  Financial will dictate what the final solution in Provider will be.	Prod Implemented
260	Change Order	Fiscal Year End	There is a need to store the month of the Provider's Fiscal Year End.	Prod Implemented
3068	Change Order	UI - Use OOS code table	Modify the Provider Service Location panel to make the Out of State type field list values from the new code table T_PR_CDE_OOS. The field name is changing from ind_oos to cde_oos.	Prod Implemented

## **2.7.12 PANEL: Provider Tax ID**

### **2.7.12.1 Description**

Use the Provider Tax ID panel to maintain Provider Tax ID number information.

Navigation Path: [Provider - Search] - [select row from search results] - [Tax ID]

OR [Provider - Application Search] - [(New button)

OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is "Approved" and Provider ID field <> blank)

OR Enroll Program (only available when application status is "Approved" and Provider ID field = blank)] - [Tax ID]

### **2.7.12.2 Technical Name**

Prov.ProviderTaxID.ascx

### **2.7.12.3 Panel Name**

TaxID

For readability the layout displays on the next page.

#### 2.7.12.4 Provider Tax ID Layout

#### 2.7.12.5 Extra Features

When a new tax segment is created and an effective date is entered, the end date of the previous segment (the segment with the 2299/12/31 end date) is automatically set to one day before the new effective date.

#### 2.7.12.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	Provider street address 1.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT1
Address 2	Provider street address 2.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT2
City	Provider city.	Field	Character	15	T_IRS_W9_INFO	ADR_MAIL_CITY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_EFFECTIVE
Effective Date (List)	Effective date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_EFFECTIVE
End Date (Detail)	End date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_END
End Date (List)	End date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_END
Ext	Provider phone number extension.	Field	Character	4	T_IRS_W9_INFO	NUM_PHO_EXT
Form 147	Provider has submitted form 147, stating his name and tax ID (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_FORM_147
IRS Effective Date	Effective date of tax ID.	Field	Number	8	T_IRS_W9_INFO	DTE_EFFECTIVE
IRS End Date	End date of tax ID.	Field	Number	8	T_IRS_W9_INFO	DTE_END
IRS Tax ID	Provider tax ID.	Field	Character	9	T_IRS_W9_INFO	NUM_TAX_ID
IRS Tax Type	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_IRS_W9_INFO	IND_TAX_ID_TYPE
Name	Provider name.	Field	Character	40	T_IRS_W9_INFO	NAME
Phone	Provider phone number.	Field	Character	10	T_IRS_W9_INFO	NUM_PHONE
State	Provider state.	Field	Character	2	T_IRS_W9_INFO	ADR_MAIL_STATE
Tax ID Exempt	Provider is exempt from receiving a 1099 (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_TAX_ID_EXEMPT
Tax ID (Detail)	Provider tax ID.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Tax ID (List)	Provider tax ID.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID
Type (Detail)	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_PR_TAX_ID	IND_TAX_ID_TYPE
Type (List)	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_PR_TAX_ID	IND_TAX_ID_TYPE
W9 Form	Provider W9 form (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_W9_FORM
Zip	Provider zip code.	Field	Character	5	T_IRS_W9_INFO	ADR_MAIL_ZIP
Zip+4	Provider zip code + 4.	Field	Character	4	T_IRS_W9_INFO	ADR_MAIL_ZIP_4

**2.7.12.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter address 1.
City	Field	1	City is required.	Enter the city.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	15	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	3	Must have open-ended segment. (End Date = 12/31/2299).	Verify data entry. The end date for one date segment must be 12/31/2299.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	15	End Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
Ext	Field	1	Ext must be Numeric.	Verify data entry. Phone extension must be numeric.
IRS Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
IRS Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap. A provider can only have one tax ID per date segment.
IRS Effective Date	Field	5000	New IRS Effective Date must be less than or equal to old IRS Effective Date.	Verify data entry. In an update transaction only effective dates less than or equal to the current effective date can be added to prevent gaps in coverage.
IRS Tax ID	Field	1	IRS Tax ID is required.	Enter IRS Tax ID.
IRS Tax ID	Field	10	IRS Tax ID must be Numeric.	Verify data entry. IRS tax ID must be numeric.
IRS Tax ID	Field	18	IRS Tax ID must be 9 character(s) in length.	Verify data entry. IRS tax ID must be nine numbers.
IRS Tax Type	Field	1	IRS Tax Type is required.	Choose the IRS tax type.
Name	Field	1	Name is required.	Enter the name.
State	Field	29	A valid State is required	Choose a state.
Tax ID (Detail)	Field	1	Tax ID is required.	Enter a tax ID.

Field	Field Type	Error Code	Error Message	To Correct
Tax ID (Detail)	Field	2	Tax ID already in use, verify before continuing.	Verify data entry. This tax ID is already assigned to one or more providers.
Tax ID (Detail)	Field	10	Tax ID must be numeric.	Verify data entry. Verify the tax ID is numeric.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Tax ID must be nine numeric characters.
Tax ID (Detail)	Field	19	Tax ID contains an invalid value.	Verify data entry. The tax ID cannot be nine repeating numbers, for example 111111111 is not a valid tax ID.
Tax ID (Detail)	Field	5000	IRS tax data must be added/updated before saving.	IRS tax information does not exist for some or all of the dates entered. Enter IRS tax ID information.
Type (Detail)	Field	1	Type is required.	Choose a type.
Zip	Field	1	Zip is required.	Enter the zip code.

**2.7.12.8 Associated Requirements**

ID
30.090.003.002.31

**2.7.12.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.13 PANEL: Provider Type and Specialty

### 2.7.13.1 Description

Use the Provider Type and Specialty panel to maintain provider type and specialty information by service location.

Navigation Path: [Provider - Search] - [select row from search results] - [Type and Specialty]

### 2.7.13.2 Technical Name

Prov.ProviderTypeandSpecialty.aspx

### 2.7.13.3 Panel Name

TypSpe

### 2.7.13.4 Provider Type and Specialty Layout

The screenshot displays the 'Type and Specialty' panel. At the top, there's a header bar with '» Type and Specialty' and navigation controls (Top, Nav, ?, A, ^, X). Below the header, there's a search bar with 'Provider Type' set to '31' and 'Type Description' set to 'Primary Care'. A table lists provider types and specialties. The first row is highlighted in blue and shows 'Yes' for Primary, '082' for Provider Specialty, 'Medical Clinic' for Specialty Description, '261QP2300X' for Taxonomy, '01/20/2005' for Effective Date, and '06/30/2005' for End Date. Below the table, there's a section for the selected row with a checkbox for 'Primary: Provider Specialty' checked. This section contains fields for 'Specialty Description' (Medical Clinic), 'Taxonomy' (261QP2300X), 'Taxonomy Description' (Clinic/Center - Primary Care), 'Effective Date\*' (01/20/2005), 'End Date\*' (06/30/2005), and 'Healthcare Indicator' (Yes). An 'add' button is located at the bottom right.

Primary	Provider Specialty	Specialty Description	Taxonomy	Effective Date	End Date
Yes	082	Medical Clinic	261QP2300X	01/20/2005	06/30/2005

Type changes below.

☒ Primary: Provider Specialty

Specialty Description: Medical Clinic

Taxonomy: 261QP2300X

Taxonomy Description: Clinic/Center - Primary Care

Effective Date\*: 01/20/2005

End Date\*: 06/30/2005

Healthcare Indicator: Yes

add

### 2.7.13.5 Extra Features

This panel has no extra features.

**2.7.13.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_EFFECTIVE
Effective Date (List)	Effective date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_EFFECTIVE
End Date (Detail)	End date of the provider specialty.	Field	Date (CCYYMMDD)	8	T_PR_SPEC	DTE_END
End Date (List)	End date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_END
Healthcare Indicator (Detail)	Indicates if the provider type and specialty combination is for a healthcare provider, thus requiring an NPI.	Field	Drop Down List Box	0	T_PR_TYPE_SPEC	IND_HEALTHCARE
Primary Specialty (Detail)	Provider's primary scope of practice (if more than one).	Field	Check Box	1	T_PR_TYPE	CDE_PROV_SPEC_PRIM
Primary Specialty (List)	Provider's primary scope of practice (if more than one).	Field	Character	3	T_PR_TYPE	CDE_PROV_SPEC_PRIM
Provider Specialty (Detail)	Provider's scope of practice.	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Provider Specialty (List)	Provider's scope of practice.	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Provider Type	Provider's type (license or certification).	Field	Character	2	T_PR_SPEC	CDE_PROV_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Specialty Description (Detail)	Written description of provider's specialty.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Specialty Description (List)	Written description of provider's specialty.	Field	Character	20	T_PR_SPEC_CDE	DSC_PROV_SPEC
Taxonomy Description	Description of provider taxonomy code.	Field	Character	50	T_PR_TAXONOMY_CDE	DSC_TAXONOMY
Taxonomy (Detail)	Provider taxonomy code.	Field	Character	10	T_PR_TYPE_SPE C	CDE_TAXONOMY
Taxonomy (List)	Provider taxonomy code.	Field	Character	10	T_PR_TYPE_SPE C	CDE_TAXONOMY
Type Description	Written description of provider's type.	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE

**2.7.13.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	4	Effective Date must be greater than 1/1/1900.	Enter an effective date greater than the 1/1/1900 default date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be before the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty code.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be before the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty code.
Primary Specialty (Detail)	Field	100	Select one Provider Specialty as Primary.	Verify data entry. Select one primary specialty checkbox.
Provider Specialty (Detail)	Field	100	Provider Type and Provider Specialty combination is invalid.	Verify data entry. The chosen specialty is not valid for this provider type.

**2.7.13.8 Associated Requirements**

ID
30.050.003.001.23
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13
30.090.003.002.25
30.090.003.002.29

**2.7.13.9 CO / Defects**

ID	Type	Name	Description	Current Status
1558	Change Order	Provider Type License Remove	Remove the License number field from the Provider Type and Specialty panel.	Prod Implemented

ID	Type	Name	Description	Current Status
187	Change Order	Crosswalk Types and Specialties	Incorporate Legacy Provider Types into interChange.  Legacy Specialty codes will need to be incorporated into iC codes using the iC specialty code.	Prod Implemented

## 2.7.14 PANEL: Provider Contract

### 2.7.14.1 Description

Use the Provider Contract panel to maintain provider contract enrollment information.

Navigation Path: [Provider - Search] - [select row from search results] - [Contract]

### 2.7.14.2 Technical Name

Prov.ProviderProgramEligibility.ascx

### 2.7.14.3 Panel Name

ProEligi

### 2.7.14.4 Provider Contract Layout

The screenshot shows a web application window titled "Contract". At the top, there is a table with the following columns: Contract, Financial Payer, Effective Date, End Date, Inactive Date, and End Reason. The data row shows: Medicaid, DEFAULT, 02/15/2000, 02/15/2015, 12/31/2299, and Incorrect Pr Number. Below the table, there is a form with the same fields. The "Contract\*" field is a dropdown menu with "Medicaid" selected. The "Financial Payer" field is a dropdown menu with "DEFAULT" selected. The "Effective Date\*" field is a text box with "02/15/2000". The "End Date\*" field is a text box with "02/15/2015". The "Inactive Date\*" field is a text box with "12/31/2299". The "End Reason\*" field is a dropdown menu with "Incorrect Pr Number" selected. There is a blue "add" button at the bottom right. A message "Type changes below." is displayed on the right side of the form.

### 2.7.14.5 Extra Features

This panel has no extra features.

### 2.7.14.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Contract	Name of the contract in which the provider is or has been enrolled.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	SAK_PROV_PGM
Effective Date	Effective date of enrollment for the chosen contract.	Field	Date (MMDDCCYY)	8	T_PR_PHP_ELIG	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date	Date enrollment was terminated for the chosen contract.	Field	Date (MMDDCCYY)	8	T_PR_PHP_ELIG	DTE_END
End Reason	Reason an end date is entered for this contract.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
Financial Payer	Financial Payer.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	SAK_FIN_PAYER
Inactive Date	Date this contract row is no longer active. No claims submitted after this date will be processed against this contract regardless of the dates of service.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_INACTIVE

**2.7.14.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Contract	Field	1	A valid Program is required.	Select a program.
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Date	Field	0	End Date of '12/31/2299' must have 'Active' Status.	End Date of 12/31/2299 must have an active status.
End Date	Field	1	End Date is required.	Enter an end date.
End Date	Field	3	IF 'Deceased', all End Dates should be equal.	Verify that all end dates are the equal to the deceased date.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	4	End Date may not be greater than Deceased Date.	Verify that no end dates are greater than the deceased date.
End Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Reason	Field	1	A valid End Reason is required.	Select an end reason.
End Reason	Field	2	'Active' Status must have End Date of '12/31/2299'.	If the status is active, the end date must be 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a program. The financial payer will automatically populate depending on the program value chosen.

**2.7.14.8 Associated Requirements**

ID
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13
30.090.003.002.2
30.090.003.002.20
30.090.003.002.24
30.090.003.002.29
30.090.003.003.9

**2.7.14.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
21	Change Order	Provider Status Codes	Update status code table to reflect Commonwealth values. Sample status codes are as follows: Application pending; Limited time-span enrollment; License suspended; Terminated (voluntary/involuntary); Deceased; License revoked; Terminated by Medicare; and Terminated by Medicaid.	Prod Implemented

**2.7.15 PAGE: Provider Enrollment Application Information Enroll Provider****2.7.15.1 Description**

The Commonwealth and EDS will use the Provider Enrollment Application Information Enroll page to capture the comments, program eligibility and service location information.

This page is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in the interChange KY MMIS at this time.

**2.7.15.2 Technical Name**

Prov.ProviderEnrollmentApplicationInformationEnrollProvider.ascx

**2.7.15.3 Web Page Name**

ProvEnAppInfEP

For readability the layout displays on the next page.

## 2.7.15.4 Provider Enrollment Application Information Enroll Provider Layout

Next Search By: ATN <input type="text"/>		Business OR Last Name, First <input type="text"/>		<input type="button" value="search"/>	<input type="button" value="clear"/>
--	--	---	--	---------------------------------------	--------------------------------------

  

Application Information <span>?</span> <span>⬆</span>					
ATN	118	Name	JETSON, JUDY A	Tax ID	443463902
Status	Approved	NPI		Tax ID Type	SSN
Last Status Date	08/04/2005	Address 1	211 NE 2ND ST	License	000056743
Media Type	Mail	Address 2	DROP CODE 6004	License State	WA
Application Type	New Provider	City	SEATTLE	License Type	Other
Date Received	08/04/2005	State	WA	License Effective Date	07/01/1995
Finalized		Zip	98661	License Expiration Date	
Clerk ID	QZ4J9N	Phone	(916)555-1212	Provider Number	
RTP Sent	08/04/2005	Contact	CHERYL		
RTP Received	08/04/2005				

  

Application Information Maintenance <span>?</span> <span>⬆</span>		Select an area to add or modify <span>Prefs</span> <span>Top</span> <span>Bot</span> <span>?</span> <span>⬆</span>	
<input type="checkbox"/> Provider Application KAPER		<input type="checkbox"/> Comment	<input type="checkbox"/> RTP Letter
		<input type="checkbox"/> Provider Information	
<input type="button" value="save"/>	<input type="button" value="cancel"/>		

The application has been approved. Please select one of the following:

- Enroll Provider

  

Base Information <span>?</span> <span>⬆</span>	
UPIN <input type="text"/>	Gender <input type="text" value="N/A"/>
Ownership <input type="text" value="No"/>	Date of Birth <input type="text"/>
SSN <input type="text"/>	

## **2.7.16 PANEL: Provider Location Name Address**

### **2.7.16.1 Description**

Use the Provider Location Name Address panel to maintain provider names and addresses. The panel displays the list of names and addresses for a specific service location. Click Maintain Name or Maintain Address to change the name and/or address. At that time, either enter a new name or address or choose Select From List to select a name or address from the list of names and addresses the provider has on file.

Navigation Path: [Provider - Search] - [select row from search results] - [Location Name Address]

OR [Provider - Application Search] - [(New button)

OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is "Approved" and Provider Number field <> blank)

OR Enroll Provider (only available when application status is "Approved" and Provider Number field = blank)] - [Location Name Address]

### **2.7.16.2 Technical Name**

Prov.ProviderLocationNameAddress.ascx

### **2.7.16.3 Panel Name**

LocNaAdd

For readability the layout displays on the next page.

#### 2.7.16.4 Provider Location Name Address Layout

**Location Name Address** Top Nav ? A X

Usage ^	Name	Street	City	State	Zip	Country	Zip + 4	Phone	Ext	Handicap Access	E-Mail
Check Mailing	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Doing Business As	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Home Office	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Remittance	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	

Type changes below.

**Name Type** ☒ Business Name ☐ Personal Name

**Name** SMITH JOHN X

**Title** MD

**Usage** Remittance

**Country** UNITED STATES

**Address 1** PO BOX 5590

**Address 2** MAIL STOP 9431

**International Address**

**City** HARTFORD

**State** CT

**Zip** 06103

**E-Mail**

**Apply Changes To:**

100000029A ☐ Svc Loc

100000029B ☐ Pay To

☒ Mail To

☐ Home Office

**Phone** (999)551-3355

**Fax** (999)551-3344

**International Phone**

**International Fax**

**Handicap Accessible?** No

**Longitude** -94.8547

**Latitude** 35.9188

[maintain name](#) [maintain address](#)

#### 2.7.16.5 Extra Features

This panel has no extra features.

#### 2.7.16.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1 (Detail)	Street address 1.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1
Address 2 (Detail)	Street address 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT2
Apply Changes To: Provider Number	Provider numbers of different service locations of this same provider.	Field	Drop Down List Box	10	T_PR_IDENTIFIER	ID_PROVIDER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
City (Detail)	City.	Field	Character	15	T_PR_ADR	ADR_MAIL_CITY
City (List)	City.	Field	Character	15	T_PR_ADR	ADR_MAIL_CITY
Country	Provider's country.	Field	Drop Down List Box	0	T_PR_ADR	CDE_COUNTRY
E-mail (Detail)	Provider's email address.	Field	Character	50	T_PR_ADR	ADR_EMAIL
E-mail (List)	Provider's email address.	Field	Character	50	T_PR_ADR	ADR_EMAIL
Fax	Provider's Fax number.	Field	Character	10	T_PR_ADR	NUM_PHONE_FAX
Handicap access (List)	Provider's handicap access indicator (Yes/No).	Combo Box	Character	1	T_PR_ADR	CDE_HANDICAP_A CC
Handicap accessible (Detail)	Provider's handicap access indicator (Yes/No).	Combo Box	Character	1	T_PR_ADR	CDE_HANDICAP_A CC
Home Office	Mail office type of address.	Field	Check Box	1	T_PR_ADDR_COD E	CDE_ADDR_USAG E
International Address	Provider's third line of address if the provider is located outside the US. This replaced the City, State, and Zip Code.	Field	Character	50	T_PR_ADR	ADR_MAIL_STRT3
International Fax	Provider's fax number if the provider is located outside the US. This replaced the Fax field.	Field	Character	15	T_PR_ADR	NUM_PHONE_FAX _INT
International Phone	Provider's phone number if the provider is located outside the US. This will replace the Phone field.	Field	Character	15	T_PR_ADR	NUM_PHONE_INT
Latitude	Provider's calculated latitude.	Field	Number	11	T_PR_ADR	NUM_LATITUDE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Longitude	Provider's calculated longitude.	Field	Number	11	T_PR_ADR	NUM_LONGITUDE
Mail To	Mail to Type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Name (Detail)	Provider's name.	Field	Character	50	T_PR_NAM	NAME
Name (List)	Provider's name.	Field	Character	50	T_PR_NAM	NAME
Name Type	Type of name: Business or Personal.	Field	Radio Button	0	T_PR_NAM	IND_NAME_TYPE
Pay To	Pay to Type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Phone (Detail)	Provider's phone number.	Field	Character	10	T_PR_ADR	NUM_PHONE
Phone + Phone Ext (List)	Provider's phone number + provider's phone extension.	Field	Character	14	T_PR_ADR	NUM_PHONE + NUM_PHO_EXT
Phone Ext (Detail)	Provider's phone extension.	Field	Character	4	T_PR_ADR	NUM_PHO_EXT
State (Detail)	State.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
State (List)	State.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
Street address 1 + Street address 2 (List)	Street address 1 and 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1 + ADR_MAIL_STRT2
Svc Loc	Service Location Type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Title	Provider's official title with valid values from the title list.	Field	Drop Down List Box	15	T_PR_NAM	NAM_TITLE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Usage (Detail)	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	15	T_PR_LOC_NM_A	IND_ADDR_TYPE
Usage (List)	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	15	T_PR_LOC_NM_A	IND_ADDR_TYPE
Zip (Detail)	Zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP
Zip (List)	Zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Zip code extension.	Field	Character	4	T_PR_ADR	ADR_MAIL_ZIP_4

**2.7.16.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1 (Detail)	Field	1	Address Line 1 is required.	Enter an address 1.
City (Detail)	Field	1	City is required.	Enter a city.
Latitude	Field	5000	Latitude and longitude could not be calculated. Please review changes.	This is a warning message. The latitude and longitude could not be calculated for the address entered. Please review the changes.
Longitude	Field	5000	Latitude and longitude could not be calculated. Please review changes.	This is a warning message. The latitude and longitude could not be calculated for the address entered. Please review the changes.
Name (Detail)	Field	1	Name is required.	Enter a name.
Name (Detail)	Field	231	Both First Name and Last Name are required.	Enter a first and last name.

Field	Field Type	Error Code	Error Message	To Correct
Phone Ext (Detail)	Field	10	Ext must be Numeric.	Enter a numeric phone extension.
Phone (Detail)	Field	1	Phone is required.	Enter a phone number.
State (Detail)	Field	29	A valid State is required.	Choose a state code.
Zip (Detail)	Field	1	Zip is required.	Enter a zip code.

**2.7.16.8 Associated Requirements**

ID
30.090.003.002.21
30.090.003.002.22
30.090.003.002.34

**2.7.16.9 CO / Defects**

ID	Type	Name	Description	Current Status
149	Change Order	International Address	<p>Add ability to store international address and phone numbers on the address table.</p> <p>This includes up to a 15-digit phone number and an address with a zip code that may not match the 5-4 standard.</p>	Prod Implemented

## 2.7.17 PANEL: Provider Service Location

### 2.7.17.1 Description

Use the Provider Service Location panel to maintain provider information pertaining to a specific service location.

Navigation Path: [Provider - Search] - [select row from search results] - [Service Location]

### 2.7.17.2 Technical Name

Prov.ProviderServiceLocation.ascx

### 2.7.17.3 Panel Name

ServLoc

### 2.7.17.4 Provider Service Location Layout

Service Location			Prefs Top Bot ? ↕	
National Provider ID /	Medicaid Provider Number	Base Provider Number		
1000000275	100151609A	100151609		
Type changes below.				
County*	Lyon	Auto RA Date		
Organization Code*	Sole Proprietor	End Paper RA*	12/31/2299	
Mass Rate Update Indicator*	Yes	837 Cert. Date		
Public/Private Indicator*	Private	Suppress Check		
Billing Indicator*	Yes	Suppress RA*	No	
Withhold FICA*	No	Open Lien	<input type="checkbox"/>	
Healthcare Indicator	No	Fiscal Year End		
Exempt from De-Activation*	No	Out of State Type		
Contact Preference*	Paper	Allow Paper*	Yes	
Qualified Elec Biller*	Yes	Inter Account Indicator		

### 2.7.17.5 Extra Features

This panel has no extra features.

**2.7.17.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
837 Cert Date	The date a provider was certified to submit 837 electronic claims. This is a read only field controlled by the EDI subsystem.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_ECC_EFF
Allow Paper	Indicates if this provider is allowed to submit paper claims.	Field	Drop Down List Box	0	T_PR_SVC_LOC_ST ATE	IND_PAPER_ALLOW
Auto Ra Date	Provider's automatic RA transmittal effective date. This is a read only field controlled by the EDI subsystem.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_ARA_EFF
Base Provider Number	Base Number assigned by interChange to link together provider records.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Billing Indicator	Yes or No indicator to tell the system if this is a billing provider.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_BILLER
Contact Preference	Indicates the type of media the provider desires for communications.	Field	Drop Down List Box	0	T_PR_SVC_LOC_ST ATE	CONTACT_PREF
County	Provider's county.	Field	Drop Down List Box	3	T_PR_SVC_LOC	CDE_COUNTY
End Paper RA	The date that the provider's paper RA will be stopped (when provider has requested automatic RA transmittal).	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_END_PAPER_R A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Exempt from De-Activation	Indicates if this provider is exempt from the Inactive Provider Deactivation process and reporting.	Field	Drop Down List Box	1	T_PR_SVC_LOC_ST ATE	IND_EXEMPT_DEAC TIV
Fiscal Year End	Indicates the month the provider's fiscal year end occurs.	Field	Drop Down List Box	1	T_PR_SVC_LOC_ST ATE	FYE_MONTH
Healthcare Indicator	Indicates if this provider is required to have an NPI.	Field	Character	1	T_PR_SVC_LOC	IND_HEALTHCARE
Inter Account Indicator	A display only field that displays the payment method. Values are either blank, Partnership, Impact Plus, or Commonwealth Agency.	Field	Character	25	T_PR_EFT_ACC	IND_ACCT_TYPE
Mass Rate Update Indicator	Yes or No indicator for eligibility for mass rate update.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_MASS_RATE_U PD
Medicaid Provider Number	Provider number as assigned by DMS.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
National Provider ID	National Provider Identifier as defined by the CMS enumerator.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Open Lien	Indicates whether a provider has an open lien in the financial windows.	Check Box	Check Box	1	N/A	CALCULATED FIELD
Organization Code	Provider's organization identification code (type of practice).	Field	Drop Down List Box	2	T_PR_SVC_LOC	CDE_ORGANIZ

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Out of State Type	Identifies the type of out of state provider, used by claims pricing.	Field	Drop Down List Box	0	T_PR_SVC_LOC_ST ATE	IND_OOS
Public/Private Indicator	Indicator to tell the system that this provider is a private or public provider.	Field	Drop Down List Box	1	T_PR_SVC_LOC	CDE_PUB_PRIV
Qualified Elec Biller	Indicates if this provider has completed the proper paper work to qualify to bill electronically.	Field	Drop Down List Box	0	T_PR_SVC_LOC_ST ATE	IND_ELEC_BILLER
Suppress Check	Effective date of check suppression.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_SUPPRESS_CHECK
Suppress RA	Yes or No indicator to suppress the RA for this provider and service location.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_SUPPRESS_RA
Withhold FICA	Yes or No indicator to tell financial if this provider service location should have FICA withheld from its checks.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_FICA

**2.7.17.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
County	Field	1	County is required.	Choose a county.
End Paper RA	Field	15	End Paper RA (A) must be greater than or equal to Auto RA Date (B).	A provider must get either an electronic or paper RA. The paper RA can not end until the provider had a trading partner agreement to receive electronic.
Organization Code	Field	1	Org Code is required.	Choose an organization code.

**2.7.17.8 Associated Requirements**

ID
30.090.003.002.17
30.090.003.002.21
30.090.003.002.33

**2.7.17.9 CO / Defects**

ID	Type	Name	Description	Current Status
2093	Change Order	Provider Inactive Indicator	There is a need to be able to exempt single providers from the De-Activate process.  To accomplish this indicator is needed on the T_PR_SVC_LOC_STATE table to identify these providers.	Prod Implemented
2134	Change Order	Prov - Inter-account indicator	The legacy inter-account indicator needs to be accommodated in interChange.  Financial will dictate what the final solution in Provider will be.	Prod Implemented
260	Change Order	Fiscal Year End	There is a need to store the month of the Provider's Fiscal Year End.	Prod Implemented
3068	Change Order	UI - Use OOS code table	Modify the Provider Service Location panel to make the Out of State type field list values from the new code table T_PR_CDE_OOS. The field name is changing from ind_oos to cde_oos.	Prod Implemented

## **2.7.18 PANEL: Provider Tax ID**

### **2.7.18.1 Description**

Use the Provider Tax ID panel to maintain Provider Tax ID number information.

Navigation Path: [Provider - Search] - [select row from search results] - [Tax ID]

OR [Provider - Application Search] - [(New button)

OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is "Approved" and Provider ID field <> blank)

OR Enroll Program (only available when application status is "Approved" and Provider ID field = blank)] - [Tax ID]

### **2.7.18.2 Technical Name**

Prov.ProviderTaxID.ascx

### **2.7.18.3 Panel Name**

TaxID

For readability the layout displays on the next page.

#### 2.7.18.4 Provider Tax ID Layout

**Tax ID** Top Nav ? A X

Type	Tax ID	Effective Date	End Date
SSN	347521758	05/27/1998	12/31/2299

Type changes below.

Type\*  Effective Date\*   
Tax ID\*  End Date\*  add

Click Maintain to modify IRS Tax information below

IRS Tax Type  IRS Effective Date   
IRS Tax ID  IRS End Date   
Name  Tax ID Exempt   
Address 1  W9 Form   
Address 2  Form 147   
City   
State   
Zip   
Phone  maintain

#### 2.7.18.5 Extra Features

When a new tax segment is created and an effective date is entered, the end date of the previous segment (the segment with the 2299/12/31 end date) is automatically set to one day before the new effective date.

#### 2.7.18.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	Provider street address 1.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT1
Address 2	Provider street address 2.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT2
City	Provider city.	Field	Character	15	T_IRS_W9_INFO	ADR_MAIL_CITY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_EFFECTIVE
Effective Date (List)	Effective date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_EFFECTIVE
End Date (Detail)	End date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_END
End Date (List)	End date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_END
Ext	Provider phone number extension.	Field	Character	4	T_IRS_W9_INFO	NUM_PHO_EXT
Form 147	Provider has submitted form 147, stating his name and tax ID (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_FORM_147
IRS Effective Date	Effective date of tax ID.	Field	Number	8	T_IRS_W9_INFO	DTE_EFFECTIVE
IRS End Date	End date of tax ID.	Field	Number	8	T_IRS_W9_INFO	DTE_END
IRS Tax ID	Provider tax ID.	Field	Character	9	T_IRS_W9_INFO	NUM_TAX_ID
IRS Tax Type	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_IRS_W9_INFO	IND_TAX_ID_TYPE
Name	Provider name.	Field	Character	40	T_IRS_W9_INFO	NAME
Phone	Provider phone number.	Field	Character	10	T_IRS_W9_INFO	NUM_PHONE
State	Provider state.	Field	Character	2	T_IRS_W9_INFO	ADR_MAIL_STATE
Tax ID Exempt	Provider is exempt from receiving a 1099 (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_TAX_ID_EXEMPT
Tax ID (Detail)	Provider tax ID.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Tax ID (List)	Provider tax ID.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID
Type (Detail)	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_PR_TAX_ID	IND_TAX_ID_TYPE
Type (List)	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_PR_TAX_ID	IND_TAX_ID_TYPE
W9 Form	Provider W9 form (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_W9_FORM
Zip	Provider zip code.	Field	Character	5	T_IRS_W9_INFO	ADR_MAIL_ZIP
Zip+4	Provider zip code + 4.	Field	Character	4	T_IRS_W9_INFO	ADR_MAIL_ZIP_4

**2.7.18.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter address 1.
City	Field	1	City is required.	Enter the city.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	15	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	3	Must have open-ended segment. (End Date = 12/31/2299).	Verify data entry. The end date for one date segment must be 12/31/2299.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	15	End Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
Ext	Field	1	Ext must be Numeric.	Verify data entry. Phone extension must be numeric.
IRS Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
IRS Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap. A provider can only have one tax ID per date segment.
IRS Effective Date	Field	5000	New IRS Effective Date must be less than or equal to old IRS Effective Date.	Verify data entry. In an update transaction only effective dates less than or equal to the current effective date can be added to prevent gaps in coverage.
IRS Tax ID	Field	1	IRS Tax ID is required.	Enter IRS Tax ID.
IRS Tax ID	Field	10	IRS Tax ID must be Numeric.	Verify data entry. IRS tax ID must be numeric.
IRS Tax ID	Field	18	IRS Tax ID must be 9 character(s) in length.	Verify data entry. IRS tax ID must be nine numbers.
IRS Tax Type	Field	1	IRS Tax Type is required.	Choose the IRS tax type.
Name	Field	1	Name is required.	Enter the name.
State	Field	29	A valid State is required	Choose a state.
Tax ID (Detail)	Field	1	Tax ID is required.	Enter a tax ID.

Field	Field Type	Error Code	Error Message	To Correct
Tax ID (Detail)	Field	2	Tax ID already in use, verify before continuing.	Verify data entry. This tax ID is already assigned to one or more providers.
Tax ID (Detail)	Field	10	Tax ID must be numeric.	Verify data entry. Verify the tax ID is numeric.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Tax ID must be nine numeric characters.
Tax ID (Detail)	Field	19	Tax ID contains an invalid value.	Verify data entry. The tax ID cannot be nine repeating numbers, for example 111111111 is not a valid tax ID.
Tax ID (Detail)	Field	5000	IRS tax data must be added/updated before saving.	IRS tax information does not exist for some or all of the dates entered. Enter IRS tax ID information.
Type (Detail)	Field	1	Type is required.	Choose a type.
Zip	Field	1	Zip is required.	Enter the zip code.

**2.7.18.8 Associated Requirements**

ID
30.090.003.002.31

**2.7.18.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.19 PANEL: Provider Base Information

### 2.7.19.1 Description

Use the Provider Base Information panel to maintain the base information carried at the provider level.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider] - [Base Information]

OR

[Provider - Application Search] - [(New button)

OR

(select row from search results)] - [Base Information] - [Enroll Program (only available when application status is "Approved" and Provider ID field = blank)] - [Base Information]

### 2.7.19.2 Technical Name

Prov.ProviderBaseInformation.ascx

### 2.7.19.3 Panel Name

BaseInfo

### 2.7.19.4 Provider Base Information Layout

The screenshot shows a web-based form titled "Base Information". The form has a light blue background and a dark blue border. It contains several input fields: "UPIN" with the value "D34437", "Gender\*" with a dropdown menu showing "Male", "Ownership\*" with a dropdown menu showing "No", "Date of Birth" with an empty text box, and "SSN" with an empty text box. The form is displayed within a browser window with a title bar that includes "Top", "Nav", "?", "A", and "X" buttons.

### 2.7.19.5 Extra Features

This panel has no extra features.

### 2.7.19.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Gender	This is the provider's gender.	Combo Box	Character	1	T_PR_PROV	CDE_GENDER
Ownership	Field to indicate whether the provider has a controlling ownership interest in any other provider facility or practice with valid values to include YES and NO.	Combo Box	Character	3	T_PR_PROV	IND_OWNER_INTEREST

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date of Birth	Provider's date of birth.	Field	Number	8	T_PR_PROV	DTE_BIRTH
SSN	Provider's Social Security number, if applicable.	Field	Character	9	T_PR_PROV	NUM_PROV_SSN
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6	T_PR_PROV	NUM_UPIN

**2.7.19.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
UPIN	Field	10	UPIN must be Alphanumeric.	Verify data entry. The UPIN must be six alphanumeric characters.
UPIN	Field	18	UPIN must be 6 character(s) in length.	Verify data entry. The UPIN must be six alphanumeric characters.

**2.7.19.8 Associated Requirements**

ID
30.090.003.002.12

**2.7.19.9 CO / Defects**

ID	Type	Name	Description	Current Status
143	Change Order	Prov On Review	<p>See core change orders 6135 and 9109 that create a new panel and tables to hold review data with effective dates.</p> <p>Add a new panel and table to maintain the review type indicators. This data will have no effect on claims processing, it is for informational purposes only. See clarifications for updates to this change order.</p>	Prod Implemented

ID	Type	Name	Description	Current Status
259	Change Order	Provider DOB and SSN	There is a need to store the Provider date of birth for future processing and the Provider SSN separate from the Tax ID.	Prod Implemented

## 2.7.20 PANEL: Provider Type and Specialty

### 2.7.20.1 Description

Use the Provider Type and Specialty panel to maintain provider type and specialty information by service location.

Navigation Path: [Provider - Search] - [select row from search results] - [Type and Specialty]

### 2.7.20.2 Technical Name

Prov.ProviderTypeandSpecialty.ascx

### 2.7.20.3 Panel Name

TypSpe

### 2.7.20.4 Provider Type and Specialty Layout

» Type and Specialty

Top Nav ? A ^ X

Provider Type 31 [ Search ]

Type Description Primary Care

Primary	Provider Specialty	Specialty Description	Taxonomy	Effective Date	End Date
Yes	082	Medical Clinic	261QP2300X	01/20/2005	06/30/2005

Type changes below.

☒ Primary: Provider Specialty 082 [ Search ]

Specialty Description

Medical Clinic

Taxonomy

261QP2300X

Taxonomy Description

Clinic/Center - Primary Care

Effective Date\*

01/20/2005

End Date\*

06/30/2005

Healthcare Indicator

Yes

add

### 2.7.20.5 Extra Features

This panel has no extra features.

**2.7.20.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_EFFECTIVE
Effective Date (List)	Effective date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_EFFECTIVE
End Date (Detail)	End date of the provider specialty.	Field	Date (CCYYMMDD)	8	T_PR_SPEC	DTE_END
End Date (List)	End date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_END
Healthcare Indicator (Detail)	Indicates if the provider type and specialty combination is for a healthcare provider, thus requiring an NPI.	Field	Drop Down List Box	0	T_PR_TYPE_SPEC	IND_HEALTHCARE
Primary Specialty (Detail)	Provider's primary scope of practice (if more than one).	Field	Check Box	1	T_PR_TYPE	CDE_PROV_SPEC_PRIM
Primary Specialty (List)	Provider's primary scope of practice (if more than one).	Field	Character	3	T_PR_TYPE	CDE_PROV_SPEC_PRIM
Provider Specialty (Detail)	Provider's scope of practice.	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Provider Specialty (List)	Provider's scope of practice.	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Provider Type	Provider's type (license or certification).	Field	Character	2	T_PR_SPEC	CDE_PROV_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Specialty Description (Detail)	Written description of provider's specialty.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Specialty Description (List)	Written description of provider's specialty.	Field	Character	20	T_PR_SPEC_CDE	DSC_PROV_SPEC
Taxonomy Description	Description of provider taxonomy code.	Field	Character	50	T_PR_TAXONOMY_CDE	DSC_TAXONOMY
Taxonomy (Detail)	Provider taxonomy code.	Field	Character	10	T_PR_TYPE_SPE C	CDE_TAXONOMY
Taxonomy (List)	Provider taxonomy code.	Field	Character	10	T_PR_TYPE_SPE C	CDE_TAXONOMY
Type Description	Written description of provider's type.	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE

**2.7.20.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	4	Effective Date must be greater than 1/1/1900.	Enter an effective date greater than the 1/1/1900 default date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be before the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty code.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be before the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty code.
Primary Specialty (Detail)	Field	100	Select one Provider Specialty as Primary.	Verify data entry. Select one primary specialty checkbox.
Provider Specialty (Detail)	Field	100	Provider Type and Provider Specialty combination is invalid.	Verify data entry. The chosen specialty is not valid for this provider type.

**2.7.20.8 Associated Requirements**

ID
30.050.003.001.23
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13
30.090.003.002.25
30.090.003.002.29

**2.7.20.9 CO / Defects**

ID	Type	Name	Description	Current Status
1558	Change Order	Provider Type License Remove	Remove the License number field from the Provider Type and Specialty panel.	Prod Implemented

ID	Type	Name	Description	Current Status
187	Change Order	Crosswalk Types and Specialties	Incorporate Legacy Provider Types into interChange.  Legacy Specialty codes will need to be incorporated into iC codes using the iC specialty code.	Prod Implemented

## 2.7.21 PANEL: Provider Contract

### 2.7.21.1 Description

Use the Provider Contract panel to maintain provider contract enrollment information.

Navigation Path: [Provider - Search] - [select row from search results] - [Contract]

### 2.7.21.2 Technical Name

Prov.ProviderProgramEligibility.ascx

### 2.7.21.3 Panel Name

ProEligi

### 2.7.21.4 Provider Contract Layout

The screenshot shows a web application window titled "Contract". It contains a table with the following columns: Contract, Financial Payer, Effective Date, End Date, Inactive Date, and End Reason. The first row of data shows: Medicaid, DEFAULT, 02/15/2000, 02/15/2015, 12/31/2299, and Incorrect Pr Number. Below the table is a form with the same fields. The "Contract\*" field is a dropdown menu with "Medicaid" selected. The "Financial Payer" field is a dropdown menu with "DEFAULT" selected. The "Effective Date\*" field is a text box with "02/15/2000". The "End Date\*" field is a text box with "02/15/2015". The "Inactive Date\*" field is a text box with "12/31/2299". The "End Reason\*" field is a dropdown menu with "Incorrect Pr Number" selected. There is an "add" button at the bottom right of the form. A message "Type changes below." is displayed above the form.

### 2.7.21.5 Extra Features

This panel has no extra features.

### 2.7.21.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Contract	Name of the contract in which the provider is or has been enrolled.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	SAK_PROV_PGM
Effective Date	Effective date of enrollment for the chosen contract.	Field	Date (MMDDCCYY)	8	T_PR_PHP_ELIG	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date	Date enrollment was terminated for the chosen contract.	Field	Date (MMDDCCYY)	8	T_PR_PHP_ELIG	DTE_END
End Reason	Reason an end date is entered for this contract.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
Financial Payer	Financial Payer.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	SAK_FIN_PAYER
Inactive Date	Date this contract row is no longer active. No claims submitted after this date will be processed against this contract regardless of the dates of service.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_INACTIVE

**2.7.21.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Contract	Field	1	A valid Program is required.	Select a program.
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Date	Field	0	End Date of '12/31/2299' must have 'Active' Status.	End Date of 12/31/2299 must have an active status.
End Date	Field	1	End Date is required.	Enter an end date.
End Date	Field	3	IF 'Deceased', all End Dates should be equal.	Verify that all end dates are equal to the deceased date.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	4	End Date may not be greater than Deceased Date.	Verify that no end dates are greater than the deceased date.
End Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Reason	Field	1	A valid End Reason is required.	Select an end reason.
End Reason	Field	2	'Active' Status must have End Date of '12/31/2299'.	If the status is active, the end date must be 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a program. The financial payer will automatically populate depending on the program value chosen.

**2.7.21.8 Associated Requirements**

ID
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13
30.090.003.002.2
30.090.003.002.20
30.090.003.002.24
30.090.003.002.29
30.090.003.003.9

**2.7.21.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
21	Change Order	Provider Status Codes	Update status code table to reflect Commonwealth values. Sample status codes are as follows: Application pending; Limited time-span enrollment; License suspended; Terminated (voluntary/involuntary); Deceased; License revoked; Terminated by Medicare; and Terminated by Medicaid.	Prod Implemented

**2.7.22 PAGE: Provider Enrollment Application Search****2.7.22.1 Description**

Use the Provider Enrollment Application Search page to view, update, add or delete information in the provider application database. Only authorized users with update privileges have the ability to add new information or change existing data.

This page is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in the interChange KY MMIS at this time.

**2.7.22.2 Technical Name**

Prov.ProviderEnrollmentApplicationSearch.ascx

**2.7.22.3 Web Page Name**

ProvEnrAppSearch

For readability the layout displays on the next page.

## 2.7.22.4 Provider Enrollment Application Search Layout

lz8c6j@eds.kyxix.edsmhg.com Tuesday, September 18, 2007

**KyHealth Choices**

Home Claims Reference **Provider** Member Financial EPSDT TPL Managed Care Prior Authorization CTMS Site

search **enrollment** information financial summary related data rpts & letters

### Application Search

ATN  Business OR Last Name

Clerk ID  [ Search ] First, MI

Tax ID  Address

Status  City

Date Received  State

Records  20

### » Search Results

ATN	Name	Clerk ID	Date Received	Tax ID	Address	City	State	Status
10	BIG CREEK ELEMENTARY SCHOOL	15	06/25/2007	610600439	47 BIG CREEK ROAD	AVAWAM	KY	A
15	AHMED , FARUQUE	15	06/25/2007	562608399	PO BOX 1657	PRESTONSBURG	KY	A
20	BUCKHORN ELEMENTARY SCHOOL	15	06/25/2007	610600439	441 GORMAN HOLLOW RO	HAZARD	KY	A
21	ROGERS ELEMENTARY SCHOOL	15	06/25/2007	610600439	1750 KY 715	ROGERS	KY	A
32	EAST EVANSVILLE DIALYSIS	15	0	201649898	5200 VIRGINIA WAY	BRENTWOOD	TN	A
39	NIU , WENYING	15	0	405491098	P.O. BOX 10	BARBOURVILLE	KY	A
46	MADISON APOTHECARY	15	06/26/2007	205842186	835 WEST MAIN ST	MADISON	IN	A
55	PITTMAN , GEORGE	15	06/27/2007	943415014	3190 IRVINE ROAD	RICHMOND	KY	A
69	BLAIR , ADRIENNE	15	0	037560159	P.O. BOX 23823	LEXINGTON	KY	A
78	SWEENEY , CORINNE	15	06/28/2007	402296348	305 ESTILL STREET	BEREA	KY	A
80	RITE AID #7920	15	06/28/2007	232039291	104 PEDRO WAY	WINCHESTER	KY	A
85	SPINKS PHARMACY	15	0	311534950	1135 SPINKS SHOPPING	HARTFORD	KY	A
86	MADISON APOTHECARY	15	0	205842186	835 WEST MAIN ST	MADISON	IN	A
105	KINDRED PHARMACY SERVICES	15	0	201512322	2464 FORTUNE DRIVE	LEXINGTON	KY	A
108	LINCOLN COUNTY MEMORIAL HOSPITAL	15	07/02/2007	436005776	1000 EAST CHERRY STR	TROY	MO	A
109	GRANGER , DON T	15	0	408194758	PO BOX 1688	LEXINGTON	KY	A
110	CHILDRENS HOSPITAL MEDICAL CENTER	15	0	310833936	3333 BURNET AVE	CINCINNATI	OH	A
111	YOUNG , RICHARD G	15	07/02/2007	237800150	3024 BUSINESS PARK C	GOODLETTSVILLE	TN	A
112	EVERHART , ANTHONY	15	07/02/2007	412537060	P.O. BOX 9	KINGSPORT	TN	A
113	HONARVAR , SAMAD	15	07/02/2007	396604680	114 N DUNCAN STREET	JAMESTOWN	TN	A

1 2 3 4 5 6 7 8 9 10 ... Next >

## 2.7.23 PANEL: Application Search Results

### 2.7.23.1 Description

The Provider Search Results panel displays provider enrollment records based upon the flexible selection criteria entered on the enrollment search panel.

Navigation Path: [Provider - Enrollment]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.23.2 Technical Name

Prov.ApplicationSearchResults.ascx

### 2.7.23.3 Panel Name

SearchResults

### 2.7.23.4 Application Search Results Layout (Sample)

» Search Results								
ATN	Name	Clerk ID	Date Received	Tax ID	Address	City	State	Status
10	BIG CREEK ELEMENTARY SCHOOL	15	06/25/2007	610600439	47 BIG CREEK ROAD	AVAWAM	KY	A
15	AHMED , FARUQUE	15	06/25/2007	562608399	PO BOX 1657	PRESTONSBURG	KY	A
20	BUCKHORN ELEMENTARY SCHOOL	15	06/25/2007	610600439	441 GORMAN HOLLOW RO	HAZARD	KY	A
21	ROGERS ELEMENTARY SCHOOL	15	06/25/2007	610600439	1750 KY 715	ROGERS	KY	A
32	EAST EVANSVILLE DIALYSIS	15	0	201649898	5200 VIRGINIA WAY	BRENTWOOD	TN	A

### 2.7.23.5 Extra Features

This panel has no extra features.

### 2.7.23.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ATN	The provider's application tracking number.	Field	Character	9	T_PR_APPLN	SAK_ATN
Address	Provider's Street Address.	Field	Character	30	T_PR_APPLN	ADR_STREET_1
City	Provider's City.	Field	Character	15	T_PR_APPLN	ADR_CITY
ClerkID	Clerk ID.	Field	Character	8	T_PR_APPLN	ID_CLERK

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date Received	The date the application was received and put into the system.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RECEIVED
Name	Provider's name.	Field	Character	50	T_PR_APPLN	NAME
State	Provider's State.	Field	Character	2	T_PR_APPLN	ADR_STATE
Status	Status of the application in process.	Field	Character	25	T_PR_APPLN	CDE_STATUS1
Tax ID	The tax ID of the Provider.	Field	Character	9	T_PR_APPLN	NUM_TAX_ID

**2.7.23.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.23.8 Associated Requirements**

ID
No associated requirements found.

**2.7.23.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.24 PANEL: Application Search

### 2.7.24.1 Description

Use the Application Search panel to search for applications based upon various criteria.

Navigation Path: [Provider - Enrollment]

This panel is part of a function that is currently performed by a contractor other than EDS, and is therefore not used in interChange KY MMIS at this time.

### 2.7.24.2 Technical Name

Prov.ApplicationSearch.ascx

### 2.7.24.3 Panel Name

AppSea

### 2.7.24.4 Application Search Layout

### 2.7.24.5 Extra Features

This panel has no extra features.

### 2.7.24.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address	Provider's street address.	Field	Character	30	T_PR_APPLN	ADR_STREET_1
ATN	The provider's application tracking number.	Field	Character	9	T_PR_APPLN	SAK_ATN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Business OR Last Name	The name of the business of provider or provider's last name.	Field	Character	25	T_PR_APPLN	NAME
City	Provider's city.	Field	Character	15	T_PR_APPLN	ADR_CITY
Clerk ID	Clerk ID.	Field	Character	8	T_PR_APPLN	ID_CLERK
Date Received	The date the application was received and put into the system.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RECEIVED
First	The first name of provider.	Field	Character	13	T_PR_APPLN	NAME
MI	Middle initial of provider.	Field	Character	1	T_PR_APPLN	NAME
Records	Number or records to retrieve.	Combo Box	Drop Down List Box	2	N/A	N/A
State	Provider's state.	Combo Box	Drop Down List Box	2	T_PR_APPLN	ADR_STATE
Status	Status of the application in process.	Combo Box	Drop Down List Box	1	T_PR_APPLN	CDE_STATUS1
Tax ID	The tax ID of the provider.	Field	Character	9	T_PR_APPLN	NUM_TAX_ID

**2.7.24.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.24.8 Associated Requirements**

<b>ID</b>
No associated requirements found.

**2.7.24.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.25 PAGE: Provider Financial Summary Search

### 2.7.25.1 Description

The Provider Financial Summary Search page displays a provider's financial summary.

### 2.7.25.2 Technical Name

Prov.ProviderFinancialSummarySearch.ascx

### 2.7.25.3 Web Page Name

Provider Financial

### 2.7.25.4 Provider Financial Summary Search Layout

The screenshot shows a web application interface for "Provider Financial Payment Summary". At the top, there is a search form with fields for "Provider Number" (12345678), "Provider Name" (John Smith), "Year", and "Month". There are "search" and "clear" buttons. Below the search form is a table titled "Search Results" with the following data:

Category	Claims Paid Count	Claims Denied Count	Adjustment Paid Count	FICA Amount	Total Payment Amount
Current Cycle: 09/09/2004	250	5	2	\$945.00	\$2,356.00
Month to Date:	900	110	34	\$2,300.00	\$8,9786.00
State Year to Date:	10,000	450	10	\$13,456,00	\$45,323.00
Year to Date:	10,000	450	10	\$13,456,00	\$45,323.00

**2.7.26 PANEL: Search Results****2.7.26.1 Description**

The Search Results panel displays the results of the search for Provider Financial Summary.

Navigation Path: [Provider - Financial Summary]

**2.7.26.2 Technical Name**

Prov.SearchResults.ascx

**2.7.26.3 Panel Name**

Search Results

**2.7.26.4 Search Results Layout**

Search Results						
Category	Claims Paid Count	Claims Denied Count	Adjustment Paid Count	FICA Amount	Total Payment Amount	
Current Cycle: 09/09/2004	250	5	2	\$945.00	\$2,356.00	
Month to Date:	900	110	34	\$2,300.00	\$8,9786.00	
State Year to Date:	10,000	450	10	\$13,456,00	\$45,323.00	
Year to Date:	10,000	450	10	\$13,456,00	\$45,323.00	

**2.7.26.5 Extra Features**

This panel has no extra features.

**2.7.26.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjustment Paid Count	The number of claims adjusted.	Field	Number	9	N/A	CALCULATED FIELD
Category	The category of the Cycle: Month to Date, State Year to Date, Year to Date.	Field	Character	30	N/A	CALCULATED FIELD
Claims Denied Count	The number of claims denied.	Field	Number	9	N/A	CALCULATED FIELD
Claims Paid Count	The number of claim paid.	Field	Number	9	N/A	CALCULATED FIELD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
FICA Amount	This is the amount of FICA paid for this detail payment record.	Field	Number	10	N/A	CALCULATED FIELD
Total Payment Amount	Total amount paid.	Field	Number	11	N/A	CALCULATED FIELD

**2.7.26.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.26.8 Associated Requirements**

ID
30.090.003.002.2

**2.7.26.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.27 PANEL: Provider Financial Payment Summary

### 2.7.27.1 Description

The Provider Financial Payment Summary panel displays the history of claims payment activity for the year.

Navigation Path: [Provider - Financial Summary]

### 2.7.27.2 Technical Name

Prov.ProviderFinancialPaymentSummary.ascx

### 2.7.27.3 Panel Name

Provider Financial

### 2.7.27.4 Provider Financial Payment Summary Layout

Category	Claims Paid Count	Claims Denied Count	Adjustment Paid Count	FICA Amount	Total Payment Amount
Current Cycle: 09/09/2004	250	5	2	\$945.00	\$2,356.00
Month to Date:	900	110	34	\$2,300.00	\$8,9786.00
State Year to Date:	10,000	450	10	\$13,456,00	\$45,323.00
Year to Date:	10,000	450	10	\$13,456,00	\$45,323.00

### 2.7.27.5 Extra Features

This panel has no extra features.

### 2.7.27.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Adjustment Paid Count	Number of adjustments paid for this provider during the associated date span.	Field	Number	6	N/A	N/A
Category	Qualifying date span for the count and amount row.	Field	Character	30	N/A	N/A

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claims Denied Count	Number of denied claims for this provider during the associated date span.	Field	Number	6	N/A	N/A
Claims Paid Count	Number of paid claims for this provider during the associated date span.	Field	Number	6	N/A	N/A
FICA Amount	Amount of payment withheld for FICA during the date span.	Field	Number	10	N/A	N/A
Month	The month to search for the financial payment summary.	Field	Drop Down List Box	1	N/A	N/A
Provider Name	The provider name.	Field	Character	50	T_PR_NAM	NAME
Provider Number	The unique provider identification number.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Total Payment Amount	Total amount paid to this provider during the date span.	Field	Number	10	N/A	N/A
Year	The year to search for the financial payment summary.	Field	Number	4	N/A	N/A

**2.7.27.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.27.8 Associated Requirements**

ID
30.090.003.002.2

**2.7.27.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.28 PAGE: Provider Information Provider Maintenance Provider****2.7.28.1 Description**

Use the Provider Information Provider Maintenance Provider page to access provider records by entering provider name, provider number, or tax ID.

**2.7.28.2 Technical Name**

Prov.ProviderInformationProviderMaintenanceProvider.ascx

**2.7.28.3 Web Page Name**

ProvInfProvMainPro

For readability the layout displays on the next page.

#### 2.7.28.4 Provider Information Provider Maintenance Provider Layout

search enrollment **information** financial summary related data rpts & letters

Provider search by: ID Number Business OR Tax ID  
Last Name, First

search clear

### Provider Information

<b>Provider Identifier</b> 100191749	<b>Service Location</b> 100191749B - SMITH, JOHN D	<b>Organization</b> Sole Proprietor
<b>UPIN</b> SSSSSS	<b>Provider Numbers</b> 000043674 CNV 07/01/1996-12/31/2299	<b>Provider Type</b> 64 - Physician Individual
<b>Ownership</b> No	<b>Address Type</b> Service Location	<b>License</b> 000053554 11/01/1989-12/31/2004
<b>Restriction</b> No	<b>Address</b> 5871 NE 1ST ST	<b>Specialties</b> General Practitioner07/01/1996-12/31/2299
<b>Gender</b> Male	<b>MAIL STOP</b> 10351	<b>Taxonomies</b> 203BG0000X Uncategorized: General Practice
<b>Date of Birth</b>	<b>City</b> PORTLAND	<b>Tax ID</b> 710445685 07/01/1996-12/31/2299
<b>SSN</b>	<b>County</b> Lewis	<b>Contract</b> Default - Test 11/01/1989-12/31/2004
	<b>State/Zip</b> OR 97501	<b>Medicare Certification Board</b>
	<b>Phone</b> 999-551-1178	
	<b>Fax</b>	
	<b>Managed Care</b> No	

### Provider Maintenance

Select area to add or modify below.

Prefs Top Bot ?

+ Provider

Base Information Comment

save cancel

## 2.7.29 PANEL: Provider Comment

### 2.7.29.1 Description

Use the Provider Comment panel to enter comments at the provider level.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider] - [Comment]

### 2.7.29.2 Technical Name

Prov.ProviderComment

### 2.7.29.3 Panel Name

Comment

### 2.7.29.4 Provider Comment Layout

The screenshot shows a web application window titled "Comment". It contains a table with three rows of data:

Date	Comment
01/01/2004	At vero eos et accusamus et iusto odio dignissimos ducimus qui blanditiis praesentium
01/03/2004	sapiente delectus, ut aut reiciendis voluptatibus maiores alias
01/04/2003	maiores alias consequatur aut perferendis doloribus asperiores repellat

Below the table is a text prompt: "Select row above to update -or- type data below to add." Below this is a form with two fields: "Date" and "Comment". The "Date" field is a small text box, and the "Comment" field is a larger text area. There is an "add" button at the bottom right of the form.

### 2.7.29.5 Extra Features

This panel has no extra features.

### 2.7.29.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Comment (Detail)	Comments.	Field	Character	4000	T_PR_COMMENT	DSC_COMMENT
Comment (List)	Comments.	Field	Character	4000	T_PR_COMMENT	DSC_COMMENT
Date (Detail)	Date when comment was entered into system.	Field	Date (MM/DD/CCYY)	8	T_PR_COMMENT	DTE_COMMENT

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date (List)	Date when comment was entered into system.	Field	Date (MM/DD/CCYY)	8	T_PR_COMMENT	DTE_COMMENT

**2.7.29.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Comment (Detail)	Field	1	Comment is required.	Enter a comment.

**2.7.29.8 Associated Requirements**

ID
No associated requirements found.

**2.7.29.9 CO / Defects**

ID	Type	Name	Description	Current Status
142	Change Order	Prov Restricted Svcs	<p>Add capability to the Provider Restricted Services panel to restrict services based upon age and gender. Also bring up the comments panel with the restricted service panel so that a comment can be entered when a restricted is added/updated. Age will be added to the Restrict code drop down list and then age range will be entered into the Low Code and High Code field.</p> <p>Gender will be added as a separate drop down field. (male / female).</p>	Prod Implemented

### 2.7.30 PANEL: Provider Base Information

#### 2.7.30.1 Description

Use the Provider Base Information panel to maintain the base information carried at the provider level.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider] - [Base Information]

OR

[Provider - Application Search] - [(New button)

OR

(select row from search results)] - [Base Information] - [Enroll Program (only available when application status is "Approved" and Provider ID field = blank)] - [Base Information]

#### 2.7.30.2 Technical Name

Prov.ProviderBaseInformation.ascx

#### 2.7.30.3 Panel Name

BaseInfo

#### 2.7.30.4 Provider Base Information Layout

#### 2.7.30.5 Extra Features

This panel has no extra features.

#### 2.7.30.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date of Birth	Provider's date of birth.	Field	Number	8	T_PR_PROV	DTE_BIRTH
Gender	This is the provider's gender.	Combo Box	Character	1	T_PR_PROV	CDE_GENDER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Ownership	Field to indicate whether the provider has a controlling ownership interest in any other provider facility or practice with valid values to include YES and NO.	Combo Box	Character	3	T_PR_PROV	IND_OWNER_INTEREST
SSN	Provider's Social Security number, if applicable.	Field	Character	9	T_PR_PROV	NUM_PROV_SSN
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6	T_PR_PROV	NUM_UPIN

**2.7.30.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
UPIN	Field	10	UPIN must be Alphanumeric.	Verify data entry. The UPIN must be six alphanumeric characters.
UPIN	Field	18	UPIN must be 6 character(s) in length.	Verify data entry. The UPIN must be six alphanumeric characters.

**2.7.30.8 Associated Requirements**

ID
30.090.003.002.12

**2.7.30.9 CO / Defects**

ID	Type	Name	Description	Current Status
143	Change Order	Prov On Review	See core change orders 6135 and 9109 that create a new panel and tables to hold review data with effective dates.  Add a new panel and table to maintain the review type indicators. This data will have no effect on claims processing, it is for informational purposes only. See clarifications for updates to this change order.	Prod Implemented

ID	Type	Name	Description	Current Status
259	Change Order	Provider DOB and SSN	There is a need to store the Provider date of birth for future processing and the Provider SSN separate from the Tax ID.	Prod Implemented

**2.7.31 PAGE: Provider Information Provider Maintenance Service Location****2.7.31.1 Description**

Use the Provider Information Provider Maintenance Service Location page to view or update provider information pertaining to a specific service location and to access other panels with service location specific information. Only authorized users with update privileges can add new information or change existing data.

**2.7.31.2 Technical Name**

Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx

**2.7.31.3 Web Page Name**

ProvInfProMainSL

For readability the layout displays on the next page.

## 2.7.31.4 Provider Information Provider Maintenance Service Location Layout

search enrollment **information** financial summary related data rpts & letters

Provider search by: ID Number  Business OR Last Name, First  Tax ID

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**Provider Information** ?

<b>Provider Identifier</b>	100191749	<b>Service Location</b>	100191749B - SMITH, JOHN D	<b>Organization</b>	Sole Proprietor
<b>UPIN</b>	SSSSSS	<b>Provider Numbers</b>	000043674 CNV 07/01/1996-12/31/2299	<b>Provider Type</b>	64 - Physician Individual
<b>Ownership</b>	No	<b>Address Type</b>	Service Location	<b>License</b>	000053554 11/01/1989-12/31/2004
<b>Restriction</b>	No	<b>Address</b>	5871 NE 1ST ST MAIL STOP 10351	<b>Specialties</b>	General Practitioner 07/01/1996-12/31/2299
<b>Gender</b>	Male	<b>City</b>	PORTLAND	<b>Taxonomies</b>	203BG0000X Uncategorized: General Practice
<b>Date of Birth</b>		<b>County</b>	Lewis	<b>Tax ID</b>	710445685 07/01/1996-12/31/2299
<b>SSN</b>		<b>State/Zip</b>	OR 97501	<b>Contract</b>	Default - Test 11/01/1989-12/31/2004
		<b>Phone</b>	999-551-1178	<b>Medicare Certification Board</b>	
		<b>Fax</b>			
		<b>Managed Care</b>	No		

---

**Provider Maintenance** Select area to add or modify below. Prefs Top Bot ?

Provider Service Location	Account Recoup Maximum	Board Participant	Certification
	CLIA Maintenance	Contract	Customary Charge
	DEA	Dispensing Fee	Disproportionate Share
	Disproportionate Share Rate	EFT Account	Facility
	Group	Group Member	IDs
	Language	License	Medicare Number
	Owner	Payment Pull	Physician Assistant
	Provider Beds	Provider Contract Rate	Provider DRG Rate
	Provider Location Name Address	Provider Lockin	Provider Rate
	Restricted Service	Review	Service Location
State Share	Supervising Physician	SURS Specialty	
Tax ID	Taxonomy	Type and Specialty	

**2.7.32 PANEL: Provider Facility****2.7.32.1 Description**

Use the Provider Facility panel to associate a provider to a facility that is currently on file. Use this information to track facility changes of ownership.

Navigation Path: [Provider - Search] - [select row from search results] - [Facility]

**2.7.32.2 Technical Name**

Prov.ProviderFacility.ascx

**2.7.32.3 Panel Name**

Facility

For readability the layout displays on the next page.

### 2.7.32.4 Provider Facility Layout

Facility ID	Provider Facility Name	Effective Date	End Date	Facility Name	City	State
107	L	01/01/1900	12/31/2299	SMITH CLINIC	SEATTLE	WA

Type changes below.

Facility ID	107	[ Search ]	Effective Date	01/01/1900
Provider Facility Name	L		End Date	12/31/2299
Admin Name - Last	L			
Admin Name - First, MI	L			
CO Admin Name - Last	L			
CO Admin Name - First, MI	L			
Operator Name	L			

add

Click Maintain to modify Facility information below.

Facility ID	107
Facility Name	SMITH CLINIC
Address 1	211 NE 3RD ST
Address 2	
City	SEATTLE
State	WA
Zip	98661

maintain

### 2.7.32.5 Extra Features

This panel has no extra features.

### 2.7.32.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	The mailing street of the facility.	Field	Character	50	T_FACILITY	ADR_STREET_1
Address 2	The optional second mailing street of the facility.	Field	Character	50	T_FACILITY	ADR_STREET_2

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Admin Name - First	Admin Name - First.	Field	Character	50	T_PR_FACILITY	NAM_FIRST_ADMIN
Admin Name - Last	Admin Name - Last.	Field	Character	50	T_PR_FACILITY	NAM_LAST_ADMIN
CO Admin Name - First	CO Admin Name - First.	Field	Character	50	T_PR_FACILITY	NAM_FIRST_CO_ADMIN
CO Admin Name - Last	CO Admin Name - Last.	Field	Character	50	T_PR_FACILITY	NAM_LAST_CO_ADMIN
CO MI	CO MI.	Field	Character	1	T_PR_FACILITY	NAM_MI_CO_ADMIN
City (Detail)	The mailing city of the facility.	Field	Character	50	T_FACILITY	ADR_CITY
City (List)	The mailing city of the facility.	Field	Character	50	T_FACILITY	ADR_CITY
Effective Date (Detail)	Effective date.	Field	Date (CCYYMMDD)	8	T_PR_FACILITY	DTE_EFFECTIVE
Effective Date (List)	Effective date.	Field	Date (CCYYMMDD)	8	T_PR_FACILITY	DTE_EFFECTIVE
End Date (Detail)	End date.	Field	Date (CCYYMMDD)	8	T_PR_FACILITY	DTE_END
End Date (List)	End date.	Field	Date (CCYYMMDD)	8	T_PR_FACILITY	DTE_END
Facility ID	The identification number for the facility.	Field	Character	10	T_FACILITY	ID_FACILITY
Facility ID (Detail)	The ID of the facility.	Field	Character	10	T_FACILITY	ID_FACILITY
Facility ID (List)	The ID of the facility.	Field	Character	10	T_FACILITY	ID_FACILITY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Operator Name	Operator Name.	Field	Character	50	T_PR_FACILITY	NAM_OPERATOR
Provider Facility Name (Detail)	Provider Facility Name.	Field	Character	50	T_PR_FACILITY	NAM_FACILITY
Provider Facility Name (Detail)	The name of the facility.	Field	Character	50	T_FACILITY	NAM_FACILITY
Provider Facility Name (List)	The name of the facility.	Field	Character	50	T_PR_FACILITY	NAM_FACILITY
Provider Facility Name (List)	Provider facility name.	Field	Character	50	T_PR_FACILITY	NAM_FACILITY
State (Detail)	The two-character state abbreviation of the facility.	Field	Drop Down List Box	2	T_FACILITY	ADR_STATE
State (List)	The two-character state abbreviation of the facility.	Field	Character	2	T_FACILITY	ADR_STATE
Zip	The zip code of the facility.	Field	Character	5	T_FACILITY	ADR_ZIP
Zip +4	The optional zip code extension of the facility.	Field	Character	4	T_FACILITY	ADR_ZIP_4

**2.7.32.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter the street 1 address.
City (Detail)	Field	1	City is required.	Enter the facility city.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Enter date segments that do not overlap for the same facility.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Enter date segments that do not overlap for the same facility.
Facility ID (Detail)	Field	29	A valid Facility ID is required	Enter a facility ID or search for a facility.
Provider Facility Name (Detail)	Field	1	Facility Name is required.	Enter the facility name.
Provider Facility Name (Detail)	Field	1	Provider Facility Name is required.	Enter the provider facility name.
State (Detail)	Field	29	A valid State is required	Choose a state.
Zip	Field	1	Zip is required.	Enter a zip code.

**2.7.32.8 Associated Requirements**

ID
No associated requirements found.

**2.7.32.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

### 2.7.33 PANEL: Provider DEA

#### 2.7.33.1 Description

Use the Provider DEA panel to maintain provider Drug Enforcement Agency numbers and effective dates.

Navigation Path: [Provider - Search] - [select row from search results] - [DEA]

#### 2.7.33.2 Technical Name

Prov.ProviderDEA.ascx

#### 2.7.33.3 Panel Name

DEA

#### 2.7.33.4 Provider DEA Layout

The screenshot shows a web application window titled "» DEA". It contains a table with the following data:

DEA Number ▲	Effective Date	End Date
ZZ9999999	12/31/1963	12/31/2299

Below the table, there is a text prompt: "Type changes below." followed by a form with three input fields:

- DEA Number\*: ZZ9999999
- Effective Date\*: 12/31/1963
- End Date\*: 12/31/2299

An "add" button is located at the bottom right of the form area.

#### 2.7.33.5 Extra Features

This panel has no extra features.

#### 2.7.33.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
DEA Number (Detail)	Provider's Drug Enforcement Agency (DEA) number.	Field	Character	9	T_PR_DEA	NUM_DEA
DEA Number (List)	Provider's Drug Enforcement Agency (DEA) number.	Field	Character	9	T_PR_DEA	NUM_DEA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of DEA number.	Field	Date (MMDDCCYY)	8	T_PR_DEA	DTE_EFFECTIVE
Effective Date (List)	Effective date of DEA number.	Field	Date (MMDDCCYY)	8	T_PR_DEA	DTE_EFFECTIVE
End Date (Detail)	End date of DEA number.	Field	Date (MMDDCCYY)	8	T_PR_DEA	DTE_END
End Date (List)	End date of DEA number.	Field	Date (MMDDCCYY)	8	T_PR_DEA	DTE_END

**2.7.33.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
DEA Number (Detail)	Field	1	DEA Number is required.	Enter a DEA number.
DEA Number (Detail)	Field	18	DEA Number must be 9 character(s) in length.	Verify data entry. The DEA number must be nine characters in length.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	4	Effective date must be greater than or equal to 1/1/1900.	Enter an effective date that is greater than or equal to 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same DEA number.
Effective Date (Detail)	Field	18	Invalid date. Format is mm/dd/ccyy.	Enter a date in the format mm/dd/ccyy.
Effective Date (Detail)	Field	19	Effective date must be less than or equal to 12/31/2299.	Enter an effective date that is less than or equal to 12/31/2299.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	4	End Date must be greater than or equal to 1/1/1900.	Verify data entry. End date must be greater than or equal to 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same DEA number.
End Date (Detail)	Field	18	Invalid date. Format is mm/dd/ccyy.	Enter a valid date in the format mm/dd/ccyy.
End Date (Detail)	Field	19	End date must be less than or equal to 12/31/2299.	Enter an end date that is less than or equal to 12/31/2299.

**2.7.33.8 Associated Requirements**

ID
No associated requirements found.

**2.7.33.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.34 PANEL: Provider Payment Pull

### 2.7.34.1 Description

Use the Provider Payment Pull panel to maintain provider payment pull information. The Commonwealth uses this panel to pull a check and RA to review them before mailing to the provider. This is synonymous with escrow.

Navigation Path: [Provider - Search] - [select row from search results] - [Payment Pull]

### 2.7.34.2 Technical Name

Prov.ProviderPaymentPull.ascx

### 2.7.34.3 Panel Name

PayFull

### 2.7.34.4 Provider Payment Pull Layout

Reason	Effective Date	End Date	Requestor Name
OHCA Manually Pulled	08/01/2000	01/01/2001	Jack Frost
OHCA Manually Pulled	11/01/2001	01/01/2002	Sally Mae
OHCA Manually Pulled	01/02/2002	12/31/2002	Joe Dive

Type changes below.

Reason	OHCA Manually Pulled	Requestor Name	Jack Frost
Effective Date	08/01/2000		
End Date	01/01/2001		

new

### 2.7.34.5 Extra Features

This panel has no extra features.

### 2.7.34.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective Date.	Field	Date (MMDDCCYY)	8	T_PR_PAY_PULL	DTE_EFFECTIVE
Effective Date (List)	Effective Date.	Field	Date (MMDDCCYY)	8	T_PR_PAY_PULL	DTE_EFFECTIVE
End Date (Detail)	End Date.	Field	Date (MMDDCCYY)	8	T_PR_PAY_PULL	DTE_END
End Date (List)	End Date	Field	Date (MMDDCCYY)	8	T_PR_PAY_PULL	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Reason (Detail)	Reason.	Field	Drop Down List Box	1	T_PR_PAY_PULL	CDE_PULL_REASON
Reason (List)	Reason.	Field	Character	50	T_PR_PAY_PULL	CDE_PULL_REASON
Requestor Name (Detail)	Requestor Name.	Field	Character	50	T_PR_PAY_PULL	NAM_REQUESTOR
Requestor Name (List)	Requestor Name.	Field	Character	50	T_PR_PAY_PULL	NAM_REQUESTOR

**2.7.34.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	5	Effective Date can not be less than Today.	Verify data entry. Enter a date equal to or greater than the current date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
Reason (Detail)	Field	29	A valid Reason is required.	Choose a reason.
Requestor Name (Detail)	Field	1	Requestor Name is required.	Enter the requestor name.

**2.7.34.8 Associated Requirements**

ID
No associated requirements found.

**2.7.34.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.35 PANEL: Provider License

### 2.7.35.1 Description

Use the Provider License panel to maintain provider license information. A provider is allowed to have licenses with overlapping effective dates that are issued from different states.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider License]

### 2.7.35.2 Technical Name

Prov.ProviderLicense.ascx

### 2.7.35.3 Panel Name

ProvLic

### 2.7.35.4 Provider License Layout

The screenshot shows a web application window titled "» License". It contains a table with the following data:

License Number	License Type	Issue State	Effective Date	End Date
000045456	O	OR	02/02/2006	12/31/2299
000057002	O	WA	03/03/2009	12/31/2299

Below the table, there is a form for editing the selected license (000045456). The form includes fields for License Number, License Type (Other), Issue State (OR), Effective Date\* (02/02/2006), and End Date\* (12/31/2299). There are also buttons for "delete" and "add".

### 2.7.35.5 Extra Features

This panel has no extra features.

### 2.7.35.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	The date the provider is associated with this license.	Field	Date (MMDDCCYY)	10	T_PR_LICENSE	DTE_EFFECTIVE
Effective Date (List)	The date the provider is associated with this license.	Field	Date (MMDDCCYY)	10	T_PR_LICENSE	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (Detail)	The date the provider / license association is terminated.	Field	Date (MMDDCCYY)	10	T_PR_LICENSE	DTE_END
End Date (List)	The date the provider / license association is terminated.	Field	Date (MMDDCCYY)	10	T_PR_LICENSE	DTE_END
Issue State (Detail)	The state that issued the provider license.	Field	Character	2	T_PR_HB_LIC	CDE_STATE_ISSUE
Issue State (List)	The state that issued the provider license.	Field	Character	2	T_PR_HB_LIC	CDE_STATE_ISSUE
License Number (Detail)	The license number assigned to the provider.	Field	Character	10	T_PR_HB_LIC	NUM_PROV_LIC
License Number (List)	The license number assigned to the provider.	Field	Character	10	T_PR_HB_LIC	NUM_PROV_LIC
License Type (Detail)	The type of license issued to the provider.	Field	Character	4	T_PR_HB_LIC	CDE_LIC_TYPE
License Type (List)	The type of license issued to the provider.	Field	Character	4	T_PR_HB_LIC	CDE_LIC_TYPE

**2.7.35.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.35.8 Associated Requirements****ID**

No associated requirements found.

**2.7.35.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
1557	Change Order	Provider License xref panel	<p>Create a new provider license panel to be able to assign more than one license to a provider, name the panel Provider License.</p> <p>The new panel will show the following:</p> <ul style="list-style-type: none"><li>• Issuing State (two characters);</li><li>• License Type (four characters);</li><li>• License Number (10 characters);</li><li>• Effective Date; and,</li><li>• End Date.</li></ul> <p>The same fields will be available in the Detail section of the panel that allows editing and adding a new row. The effective dates on this panel are different than the effective dates on the main license panel. These dates show the time span the provider is associated with this license. On a new entry it will be defaulted to the end of time. The effective dates on the main license panel show the actual dates that exist on the license.</p>	Prod Implemented

## 2.7.36 PANEL: Provider Account Recoup Maximum

### 2.7.36.1 Description

Use the Provider Account Recoup Max panel to maintain the maximum dollar amount that may be recouped from the provider in one financial cycle. End users can ensure that a provider can be limited in AR recoveries and allow for control of payments.

Navigation Path: [Provider - Search] - [select row from search results] - [Account Recoup Maximum]

### 2.7.36.2 Technical Name

Prov.ProviderAccountRecoupMaximum.ascx

### 2.7.36.3 Panel Name

AccReMax

### 2.7.36.4 Provider Account Recoup Maximum Layout

The screenshot shows a web application window titled "Account Recoup Maximum". It contains a table with three columns: "Recoupment Limit", "Effective Date", and "End Date". The table has three rows of data. Below the table, there is a text prompt "Select row above to edit the data." and a form with three input fields labeled "Recoupment Limit", "Effective Date", and "End Date". An "add" button is located at the bottom right of the form.

Recoupment Limit	Effective Date	End Date
\$ 40.00	01/01/2003	12/31/2003
\$ 50.00	01/01/2000	12/31/2000
\$ 65.00	01/01/2004	12/31/2004

Select row above to edit the data.

Recoupment Limit:   
 Effective Date:   
 End Date:   
 add

### 2.7.36.5 Extra Features

This panel has no extra features.

### 2.7.36.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective Date.	Field	Date (MM/DD/CCYY)	8	T_PR_ACCT_REC_MAX	DTE_EFFECTIVE
Effective Date (List)	Effective Date.	Field	Date (MM/DD/CCYY)	8	T_PR_ACCT_REC_MAX	DTE_EFFECTIVE
End Date (Detail)	End Date.	Field	Date (MM/DD/CCYY)	8	T_PR_ACCT_REC_MAX	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (List)	End Date.	Field	Date (MM/DD/CCYY)	8	T_PR_ACCT_REC_MAX	DTE_END
Recoupment Limit (Detail)	Recoupment Limit.	Field	Number	10	T_PR_ACCT_REC_MAX	AMT_MAX_RECOUP
Recoupment Limit (List)	Recoupment Limit.	Field	Number	10	T_PR_ACCT_REC_MAX	AMT_MAX_RECOUP

**2.7.36.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Verify data entry. Date entry is required.
Effective Date (Detail)	Field	5	Effective Date can not be less than today.	Verify data entry. The effective date entered can not be less than today's date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date entered must be less than or equal to the end date entered.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Verify data entry. End date entry is required.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date entered must be less than or equal to the end date entered.
End Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
Recoupment Limit (Detail)	Field	15	Recoupment Limit must be greater than or equal to 0.01.	Verify data entry. The recoupment field is required and must be greater than or equal to \$0.01.

Field	Field Type	Error Code	Error Message	To Correct
Recoupment Limit (Detail)	Field	16	Recoupment Limit must be less than or equal to 99999999.99.	Verify data entry. The recoupment field is required and must be less than or equal to \$99,999,999.99.

**2.7.36.8 Associated Requirements**

ID
No associated requirements found.

**2.7.36.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.37 PANEL: Provider CLIA Maintenance****2.7.37.1 Description**

Use the Provider Clinical Laboratory Improvement Act (CLIA) Maintenance panel to maintain the relationship between a provider and their CLIA number.

Navigation Path: [Provider - Search] - [select row from search results] - [CLIA Maintenance]

**2.7.37.2 Technical Name**

Prov.ProviderCLIAMaintenance.ascx

**2.7.37.3 Panel Name**

CLIAMan

For readability the layout displays on the next page.

### 2.7.37.4 Provider CLIA MaintenanceLayout

CLIA Maintenance			Top	Nav	?	A	↑	↓	X
CLIA Number	Effective Date	End Date							
01D0026356	05/01/2005	12/31/2005							
01D0026356	01/01/2006	12/31/2006							
01D0026428	01/01/2007	12/31/2009							
Type changes below.									
CLIA Number*	01D0026428	[ Search ]	Effective Date*	01/01/2007					
			End Date*	12/31/2009					
<b>add</b>									
-CLIA Certification Data-									
The CLIA Certification data below is for the row selected above.									
CLIA Certification									
CLIA Number	Certificate Number	Effective Date	End Date	Certification Type	Lab Type				
01D0026428	01	20010228	20030827	3					
01D0026428	02	19990228	20010227	3					
01D0026428	03	19970228	19990227	3					
01D0026428	04	19950228	19970227	3					
01D0026428	05	19920901	19950227	9					
-CLIA Lab Data-									
The CLIA Lab data below is for the row selected above.									
CLIA Lab									
CLIA Number	Lab Code	Effective Date	End Date						
01D0026428	110	19950228	20030827						
01D0026428	130	20030827	20030827						
01D0026428	210	20030827	20030827						
01D0026428	220	20030827	20030827						
01D0026428	310	20030827	20030827						
01D0026428	320	20030827	20030827						
01D0026428	330	20030827	20030827						
01D0026428	340	19950228	20030827						
01D0026428	400	20030827	20030827						
01D0026428	510	20030827	20030827						
1 2 Next >									

### 2.7.37.5 Extra Features

This panel has no extra features.

### 2.7.37.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CLIA Number (Detail)	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10	T_PR_CLIA_STAT	NUM_CLIA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CLIA Number [List2]	CLIA identification number.	Field	Character	10	T_CLIA_CERT	NUM_CLIA
CLIA Number [List3]	CLIA identification number.	Field	Character	10	T_CLIA_LAB	NUM_CLIA
CLIA Number (List)	Provider's CLIA identification number.	Field	Character	10	T_PR_CLIA_STAT	NUM_CLIA
Certificate Number	Similar to a SAK short, this is a certificate number of the CLIA number, 1 should be the most current.	Field	Character	2	T_CLIA_CERT	CDE_CERT_NUM
Certificate Type	CLIA certificate type.	Field	Character	1	T_CLIA_CERT	CDE_CERT_TYPE
Effective Date (Detail)	Provider's effective date of certification.	Field	Date (MMDDCCYY)	8	T_PR_CLIA_STAT	DTE_EFFECTIVE
Effective Date (List)	Provider's effective date of certification.	Field	Date (MMDDCCYY)	8	T_CLIA_LAB	DTE_EFFECTIVE
Effective Date (List)	Effective date for lab codes.	Field	Number	8	T_PR_CLIA_STAT	DTE_EFFECTIVE
Effective Date (List)	Effective date for certificate.	Field	Number	8	T_CLIA_CERT	DTE_EFFECTIVE
End Date (Detail)	End date of CLIA number.	Field	Date (MMDDCCYY)	8	T_PR_CLIA_STAT	DTE_END
End Date (List)	End date of CLIA number.	Field	Date (MMDDCCYY)	8	T_CLIA_LAB	DTE_END
End Date (List)	End date for lab codes.	Field	Number	8	T_PR_CLIA_STAT	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (List)	End date for certificate.	Field	Number	8	T_CLIA_CERT	DTE_END
Lab Code	Valid lab codes for this CLIA number.	Field	Number	3	T_CLIA_LAB	CDE_LAB_CODE
Lab Type	Lab type code.	Field	Character	1	T_CLIA_CERT	CDE_LAB_TYPE

**2.7.37.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
CLIA Number (Detail)	Field	1	CLIA Number is required.	Verify data entry. The CLIA number field is required.
CLIA Number (Detail)	Field	10	CLIA Number must be Alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
CLIA Number (Detail)	Field	18	CLIA Number must be 10 character(s) in length.	Verify data entry. The CLIA number must be 10 characters in length.
CLIA Number (Detail)	Field	5000	CLIA Number is invalid. There is no matching Number from CMS. Save anyway?	Verify data entry. The CLIA number entered is not on the CMS CLIA file. If it is correct select "OK" to save changes, otherwise select "Cancel".
Effective Date (Detail)	Field	1	Effective Date is required.	Verify data entry. Date entry is required.
Effective Date (Detail)	Field	4	Effective Date must be greater than 1/1/1900.	Verify data entry. The effective date must be greater than the default date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The END DATE field must be entered before trying to save the effective date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. The date segments of two rows with the same CLIA number can not overlap.
End Date (Detail)	Field	1	End Date is required.	Verify data entry. End date entry is required.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	4	End Date must be greater than 1/1/1900.	Verify data entry. The end date must be greater than the default date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. End date must be greater than or equal to the effective date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. The date segments of two rows with the same CLIA number can not overlap.

**2.7.37.8 Associated Requirements**

ID
30.050.003.002.22
30.090.003.001.1
30.090.003.002.21
30.090.003.002.25

**2.7.37.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## **2.7.38 PANEL: Provider Location Name Address**

### **2.7.38.1 Description**

Use the Provider Location Name Address panel to maintain provider names and addresses. The panel displays the list of names and addresses for a specific service location. Click Maintain Name or Maintain Address to change the name and/or address. At that time, either enter a new name or address or choose Select From List to select a name or address from the list of names and addresses the provider has on file.

Navigation Path: [Provider - Search] - [select row from search results] - [Location Name Address]

OR [Provider - Application Search] - [(New button)

OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is "Approved" and Provider Number field <> blank)

OR Enroll Provider (only available when application status is "Approved" and Provider Number field = blank)] - [Location Name Address]

### **2.7.38.2 Technical Name**

Prov.ProviderLocationNameAddress.ascx

### **2.7.38.3 Panel Name**

LocNaAdd

For readability the layout displays on the next page.

#### 2.7.38.4 Provider Location Name Address Layout

**Location Name Address** Top Nav ? A X

Usage ^	Name	Street	City	State	Zip	Country	Zip + 4	Phone	Ext	Handicap Access	E-Mail
Check Mailing	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Doing Business As	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Home Office	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	
Remittance	SMITH, JOHN X	PO BOX 5590	HARTFORD	CT	06103			(999)551-3355		N	

Type changes below.

**Name Type** ☒ Business Name ☐ Personal Name

**Name** SMITH JOHN X

**Title** MD

**Usage** Remittance

**Country** UNITED STATES

**Address 1** PO BOX 5590

**Address 2** MAIL STOP 9431

**International Address**

**City** HARTFORD

**State** CT

**Zip** 06103

**E-Mail**

**Apply Changes To:**

100000029A ☐ Svc Loc

100000029B ☐ Pay To

☒ Mail To

☐ Home Office

**Phone** (999)551-3355

**Fax** (999)551-3344

**International Phone**

**International Fax**

**Handicap Accessible?** No

**Longitude** -94.8547

**Latitude** 35.9188

[maintain name](#) [maintain address](#)

#### 2.7.38.5 Extra Features

This panel has no extra features.

#### 2.7.38.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1 (Detail)	Street address 1.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1
Address 2 (Detail)	Street address 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT2
Apply Changes To: Provider Number	Provider numbers of different service locations of this same provider.	Field	Drop Down List Box	10	T_PR_IDENTITY	ID_PROVIDER

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
City (Detail)	City.	Field	Character	15	T_PR_ADR	ADR_MAIL_CITY
City (List)	City.	Field	Character	15	T_PR_ADR	ADR_MAIL_CITY
Country	Provider's country.	Field	Drop Down List Box	0	T_PR_ADR	CDE_COUNTRY
E-mail (Detail)	Provider's email address.	Field	Character	50	T_PR_ADR	ADR_EMAIL
E-mail (List)	Provider's email address.	Field	Character	50	T_PR_ADR	ADR_EMAIL
Fax	Provider's fax number.	Field	Character	10	T_PR_ADR	NUM_PHONE_FAX
Handicap access (List)	Provider's handicap access indicator (Yes/No).	Combo Box	Character	1	T_PR_ADR	CDE_HANDICAP_ACC
Handicap accessible (Detail)	Provider's handicap access indicator (Yes/No).	Combo Box	Character	1	T_PR_ADR	CDE_HANDICAP_ACC
Home Office	Mail office type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
International Address	Provider's third line of address if the provider is located outside the US. This replaced the city, state, and zip code.	Field	Character	50	T_PR_ADR	ADR_MAIL_STRT3
International Fax	Provider's fax number if the provider is located outside the US. This replaced the Fax field.	Field	Character	15	T_PR_ADR	NUM_PHONE_FAX_INT
International Phone	Provider's phone number if the provider is located outside the US. This will replace the Phone field.	Field	Character	15	T_PR_ADR	NUM_PHONE_INT
Latitude	Provider's calculated latitude.	Field	Number	11	T_PR_ADR	NUM_LATITUDE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Longitude	Provider's calculated longitude.	Field	Number	11	T_PR_ADR	NUM_LONGITUDE
Mail To	Mail to type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Name (Detail)	Provider's name.	Field	Character	50	T_PR_NAM	NAME
Name (List)	Provider's name.	Field	Character	50	T_PR_NAM	NAME
Name Type	Type of name: Business or Personal.	Field	Radio Button	0	T_PR_NAM	IND_NAME_TYPE
Pay To	Pay to type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Phone (Detail)	Provider's phone number.	Field	Character	10	T_PR_ADR	NUM_PHONE
Phone + Phone Ext (List)	Provider's phone number + Provider's phone extension.	Field	Character	14	T_PR_ADR	NUM_PHONE + NUM_PHO_EXT
Phone Ext (Detail)	Provider's phone extension.	Field	Character	4	T_PR_ADR	NUM_PHO_EXT
State (Detail)	State.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
State (List)	State.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
Street address 1 + Street address 2 (List)	Street address 1 and 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1 + ADR_MAIL_STRT2
Svc Loc	Service location type of address.	Field	Check Box	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Title	Provider's official title with valid values from the title list.	Field	Drop Down List Box	15	T_PR_NAM	NAM_TITLE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Usage (Detail)	Type of address with valid value to include: home office address, mail-to address, pay-to address, service location address.	Field	Character	15	T_PR_LOC_N M_ADR	IND_ADDR_TYPE
Usage (List)	Type of address with valid value to include: home office address, mail-to address, pay-to address, service location address.	Field	Character	15	T_PR_LOC_N M_ADR	IND_ADDR_TYPE
Zip (Detail)	Zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP
Zip (List)	Zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Zip code extension.	Field	Character	4	T_PR_ADR	ADR_MAIL_ZIP_4

**2.7.38.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1 (Detail)	Field	1	Address Line 1 is required.	Enter an address 1.
City (Detail)	Field	1	City is required.	Enter a city.
Latitude	Field	5000	Latitude and longitude could not be calculated. Please review changes.	This is a warning message. The latitude and longitude could not be calculated for the address entered. Please review the changes.
Longitude	Field	5000	Latitude and longitude could not be calculated. Please review changes.	This is a warning message. The latitude and longitude could not be calculated for the address entered. Please review the changes.
Name (Detail)	Field	1	Name is required.	Enter a name.
Name (Detail)	Field	231	Both First Name and Last Name are required.	Enter a first and last name.

Field	Field Type	Error Code	Error Message	To Correct
Phone Ext (Detail)	Field	10	Ext must be Numeric.	Enter a numeric phone extension.
Phone (Detail)	Field	1	Phone is required.	Enter a phone number.
State (Detail)	Field	29	A valid State is required.	Choose a state code.
Zip (Detail)	Field	1	Zip is required.	Enter a zip code.

**2.7.38.8 Associated Requirements**

ID
30.090.003.002.21
30.090.003.002.22
30.090.003.002.34

**2.7.38.9 CO / Defects**

ID	Type	Name	Description	Current Status
149	Change Order	International Address	<p>Add ability to store international address and phone numbers on the address table.</p> <p>This includes up to a 15-digit phone number and an address with a zip code that may not match the 5-4 standard.</p>	Prod Implemented

## 2.7.39 PANEL: Provider State Share

### 2.7.39.1 Description

Use the Provider State Share panel to maintain Commonwealth share information at the provider service location level.

Navigation Path: [Provider - Search] - [select row from search results] - [State Share]

### 2.7.39.2 Technical Name

Prov.ProviderStateShare.ascx

### 2.7.39.3 Panel Name

StaSha

### 2.7.39.4 Provider State Share Layout

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### 2.7.39.5 Extra Features

This panel has no extra features.

### 2.7.39.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Age Max (Detail)	The end of the age span for which this state share information is valid.	Field	Number	3	T_PR_STATE_SHARE	QTY_AGE_FROM
Age Max (List)	The end of the age span for which this state share information is valid.	Field	Number	3	T_PR_STATE_SHARE	QTY_AGE_FROM
Age Min (Detail)	The start of the age span for which this state share information is valid.	Field	Number	3	T_PR_STATE_SHARE	QTY_AGE_TO
Age Min	The start of the age span for which this	Field	Number	3	T_PR_STATE_SHARE	QTY_AGE_TO

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
(List)	state share information is valid.					
Billing Code (Detail)	The code that indicates whether the provider is bill back or deductible. Display only field.	Field	Character	25	T_PR_STATE_AGENCY	CDE_BILLING
Billing Code (List)	The code that indicates whether the provider is bill back or deductible. Display only field.	Field	Character	25	T_PR_STATE_AGENCY	CDE_BILLING
Effective Date (Detail)	The start of the effective date range for this state share segment.	Field	Date (MMDDCCYY)	8	T_PR_STATE_SHARE	DTE_EFFECTIVE
Effective Date (List)	The start of the effective date range for this state share segment.	Field	Date (MMDDCCYY)	8	T_PR_STATE_SHARE	DTE_EFFECTIVE
End Date (Detail)	The end of the effective date range for this state share segment.	Field	Date (MMDDCCYY)	8	T_PR_STATE_SHARE	DTE_END
End Date (List)	The end of the effective date range for this state share segment.	Field	Date (MMDDCCYY)	8	T_PR_STATE_SHARE	DTE_END
State Agency (Detail)	The state agency associated with this state share information.	Field	Drop Down List Box	25	T_PR_STATE_SHARE	CDE_AGENCY
State Agency (List)	The state agency associated with this state share information.	Field	Character	25	T_PR_STATE_SHARE	CDE_AGENCY

**2.7.39.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Age Max (Detail)	Field	1	Age Max is required.	Enter a maximum age.

Field	Field Type	Error Code	Error Message	To Correct
Age Max (Detail)	Field	16	Min Age must be less than or equal to Max Age.	Verify data entry. Age minimum must be less than or equal to maximum age.
Age Min (Detail)	Field	1	Age Min is required.	Enter a minimum age.
Age Min (Detail)	Field	16	Min Age must be less than or equal to Max Age.	Verify data entry. Age minimum must be less than or equal to maximum age.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an end date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to end date.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to end date.
End Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
State Agency (Detail)	Field	29	A valid State Agency is required.	Select a state agency.

**2.7.39.8 Associated Requirements**

ID
No associated requirements found.

**2.7.39.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.40 PANEL: Provider Language

### 2.7.40.1 Description

Use the Provider Language panel to maintain the languages spoken in the provider's practice with effective dates.

Navigation Path: [Provider - Search] - [select row from search results] - [Language]

### 2.7.40.2 Technical Name

Prov.ProviderLanguage.ascx

### 2.7.40.3 Panel Name

Language

### 2.7.40.4 Provider Language Layout

The screenshot shows a web application interface for managing provider languages. At the top, there is a table with the following data:

Language	Effective Date	End Date
Arabic	08/01/2000	12/31/2000
English	01/01/2002	12/31/2299
Spanish	01/01/2001	12/31/2001

Below the table, there is a text prompt: "Select row above to update -or- type data below to add." This is followed by a form with three input fields: "Language" (a dropdown menu), "Effective Date" (a text box), and "End Date" (a text box). An "add" button is located at the bottom right of the form.

### 2.7.40.5 Extra Features

This panel has no extra features.

### 2.7.40.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Language effective date.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LANG	DTE_EFFECTIVE
Effective Date (List)	Language effective date.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LANG	DTE_EFFECTIVE
End Date (Detail)	End date of the language.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LANG	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (List)	End date of the language.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LANG	DTE_END
Language (Detail)	This is the description of the spoken language.	Field	Drop Down List Box	100	T_PR_SVC_LANG	CDE_LANGUAGE
Language (List)	This is the description of the spoken language.	Field	Character	100	T_PR_SVC_LANG	CDE_LANGUAGE

**2.7.40.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	15	Effective Date must be greater than 1/1/1900.	Verify data entry. The effective date must be greater than 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same language.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	15	End Date must be greater than 1/1/1900.	Verify data entry. The end date must be greater than 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same language.
Language (Detail)	Field	29	A valid Language is required	Choose a language.

**2.7.40.8 Associated Requirements**

ID
No associated requirements found.

**2.7.40.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.41 PANEL: Provider Medicare Number

### 2.7.41.1 Description

Use the Provider Medicare Number panel to maintain Medicare Billing Provider numbers, both Medicare and Durable Medical Equipment Regional Carrier (DMERC) Programs, and effective dates.

Navigation Path: [Provider - Search] - [select row from search results] - [Medicare]

### 2.7.41.2 Technical Name

Prov.ProviderMedicareNumber.ascx

### 2.7.41.3 Panel Name

MedNum

### 2.7.41.4 Provider Medicare Number Layout

The screenshot displays the 'Medicare Number' panel. At the top, there is a table with the following columns: Medicare Number, Medicare/DMERC, Effective Date, and End Date. The table contains three rows of data:

Medicare Number	Medicare/DMERC	Effective Date	End Date
111111111	Medicare	01/01/2001	12/31/2001
1234567890	Medicare	08/01/2000	12/31/2000
222222222	DMERC	01/01/2002	12/31/2299

Below the table, the text 'Type changes below.' is displayed. Underneath, there is a form with the following fields:

- Medicare Number: 111111111
- Medicare/DMERC: Medicare (dropdown menu)
- Effective Date: 01/01/2001
- End Date: 12/31/2001

A 'new' button is located at the bottom right of the form.

### 2.7.41.5 Extra Features

This panel has no extra features.

### 2.7.41.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date.	Field	Date (MMDDCCYY)	8	T_PR_MCARE_BILL	DTE_EFFECTIVE
Effective Date (List)	Effective date.	Field	Date (MMDDCCYY)	8	T_PR_MCARE_BILL	DTE_EFFECTIVE
End Date (Detail)	Ending date.	Field	Date (MMDDCCYY)	8	T_PR_MCARE_BILL	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (List)	Ending date.	Field	Date (MMDDCCYY)	8	T_PR_MCARE_BILL	DTE_END
Medicare Number (Detail)	Medicare number.	Field	Character	10	T_PR_MCARE_BILL	NUM_MEDICARE
Medicare Number (List)	Medicare number.	Field	Character	10	T_PR_MCARE_BILL	NUM_MEDICARE
Medicare/DMERC (Detail)	Medicare number without spaces and with DMERC.	Field	Character	10	T_PR_MCARE_BILL	CDE_MCARE_TYPE
Medicare/DMERC (List)	Medicare number without spaces and with DMERC.	Field	Character	10	T_PR_MCARE_BILL	CDE_MCARE_TYPE

**2.7.41.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	15	Effective Date must be greater than 1/1/1900.	Verify data entry. Effective date must be greater than 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same Medicare number and Medicare/DMERC combination.
End Date (Detail)	Field	15	End Date must be greater than 1/1/1900.	Verify data entry. Effective date must be greater than 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same Medicare number and Medicare/DMERC combination.
Medicare Number (Detail)	Field	1	Medicare Number is required.	Enter a Medicare number.
Medicare Number (Detail)	Field	10	Medicare Number must be Alphanumeric.	Verify data entry. Medicare number must be A-Z and/or 0-9.
Medicare Number (Detail)	Field	100	Medicare number and type already exist.	Verify data entry. This Medicare number and Medicare/DMERC indicator is already assigned to another provider for this date segment. Only one provider can be assigned a Medicare number for any given time period.
Medicare/DMERC (Detail)	Field	1	Medicare/DMERC is required.	Choose a Medicare/DMERC.

**2.7.41.8 Associated Requirements**

ID
30.090.003.002.9
30.090.003.003.15

**2.7.41.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.42 PANEL: Provider Service Location

### 2.7.42.1 Description

Use the Provider Service Location panel to maintain provider information pertaining to a specific service location.

Navigation Path: [Provider - Search] - [select row from search results] - [Service Location]

### 2.7.42.2 Technical Name

Prov.ProviderServiceLocation.ascx

### 2.7.42.3 Panel Name

ServLoc

### 2.7.42.4 Provider Service Location Layout

**» Service Location** Top Nav ? A

National Provider ID	Medicaid Provider Number	Base Provider Number
29000015	500005659	
29000023	500005659	
29100005	500005659	
29100013	500005659	
29100021	500005659	
29100039	500005659	
29100047	500005659	
29100062	500005659	
29100070	500005659	
29100088	500005659	

< Previous ... 31 32 33 **34** 35 36 37 38 39 40 ... Next >

Type changes below.

<b>County*</b>	Franklin	<b>Auto RA Date</b>	
<b>Organization Code*</b>	Government/Non-Profit	<b>End Paper RA*</b>	12/31/2299
<b>Mass Rate Update Indicator*</b>	No	<b>837 Cert. Date</b>	
<b>Public/Private Indicator*</b>	Public	<b>Suppress Check</b>	
<b>Billing Indicator*</b>	Yes	<b>Suppress RA*</b>	No
<b>Withhold FICA*</b>	No	<b>Open Lien</b>	<input type="checkbox"/>
<b>Healthcare Indicator*</b>	No	<b>Fiscal Year End</b>	
<b>Exempt from De-Activation*</b>	No	<b>Out of State Type</b>	In State
<b>Contact Preference*</b>	Paper	<b>Allow Paper*</b>	Yes
<b>Qualified Elec Biller*</b>	No	<b>Inter Acct Indicator</b>	Commonwealth Agency

### 2.7.42.5 Extra Features

This panel has no extra features.

**2.7.42.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
837 Cert Date	The date a provider was certified to submit 837 electronic claims. This is a read only field controlled by the EDI subsystem.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_ECC_EFF
Allow Paper	Indicates if this provider is allowed to submit paper claims.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	IND_PAPER_ALLOW
Auto Ra Date	Provider's automatic RA transmittal effective date. This is a read only field controlled by the EDI subsystem.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_ARA_EFF
Base Provider Number	Base Number assigned by interChange to link together provider records.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Billing Indicator	Yes or No indicator to tell the system if this is a billing provider.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_BILLER
Contact Preference	Indicates the type of media the provider desires for communications.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	CONTACT_PREF
County	Provider's county.	Field	Drop Down List Box	3	T_PR_SVC_LOC	CDE_COUNTY
End Paper RA	The date that the provider's paper RA will be stopped (when provider has requested automatic RA transmittal).	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_END_PAPER_RA
Exempt from	Indicates if this provider is exempt from the Inactive	Field	Drop Down	1	T_PR_SVC_LOC_STATE	IND_EXEMPT_DEA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
De-Activation	Provider Deactivation process and reporting.		List Box			CTIV
Fiscal Year End	Indicates the month the provider's fiscal year end occurs.	Field	Drop Down List Box	1	T_PR_SVC_LOC_STATE	FYE_MONTH
Healthcare Indicator	Indicates if this provider is required to have an NPI.	Field	Character	1	T_PR_SVC_LOC	IND_HEALTHCARE
Inter Account Indicator	A display only field that displays the payment method. Values are either blank, Partnership, Impact Plus, or Commonwealth Agency.	Field	Character	25	T_PR_EFT_ACC	IND_ACCT_TYPE
Mass Rate Update Indicator	Yes or No indicator for eligibility for mass rate update.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_MASS_RATE_UPD
Medicaid Provider Number	Provider number as assigned by DMS.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
National Provider ID	National Provider Identifier as defined by the CMS enumerator.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Open Lien	Indicates whether a provider has an open lien in the financial windows.	Check Box	Check Box	1	N/A	CALCULATED FIELD
Organization Code	Provider's organization identification code (type of practice).	Field	Drop Down List Box	2	T_PR_SVC_LOC	CDE_ORGANIZ
Out of State Type	Identifies the type of out of state provider, used by claims pricing.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	IND_OOS

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Public/Private Indicator	Indicator to tell the system that this provider is a private or public provider.	Field	Drop Down List Box	1	T_PR_SVC_LOC	CDE_PUB_PRIV
Qualified Elec Biller	Indicates if this provider has completed the proper paper work to qualify to bill electronically.	Field	Drop Down List Box	0	T_PR_SVC_LOC_STATE	IND_ELEC_BILLER
Suppress Check	Effective date of check suppression.	Field	Date (MMDDCCYY)	8	T_PR_SVC_LOC	DTE_SUPPRESS_CHECK
Suppress RA	Yes or No indicator to suppress the RA for this provider and service location.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_SUPPRESS_RA
Withhold FICA	Yes or No indicator to tell financial if this provider service location should have FICA withheld from its checks.	Field	Drop Down List Box	1	T_PR_SVC_LOC	IND_FICA

**2.7.42.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
County	Field	1	County is required.	Choose a county.
End Paper RA	Field	15	End Paper RA [A] must be greater than or equal to Auto RA Date [B].	A provider must get either an electronic or paper RA. The paper RA can not end until the provider had a trading partner agreement to receive electronic.
Organization Code	Field	1	Organization code is required.	Choose an organization code.

**2.7.42.8 Associated Requirements**

ID
----

ID
30.090.003.002.17
30.090.003.002.21
30.090.003.002.33

**2.7.42.9 CO / Defects**

ID	Type	Name	Description	Current Status
2093	Change Order	Provider Inactive Indicator	There is a need to be able to exempt single providers from the Deactivate process.  To accomplish this, an indicator is needed on the T_PR_SVC_LOC_STATE table to identify these providers.	Prod Implemented
2134	Change Order	Prov - Inter-account indicator	The legacy inter-account indicator needs to be accommodated in interChange.  Financial will dictate what the final solution in Provider will be.	Prod Implemented
260	Change Order	Fiscal Year End	There is a need to store the month of the Provider's Fiscal Year End.	Prod Implemented
3068	Change Order	UI - Use OOS code table	Modify the Provider Service Location panel to make the Out of State type field list values from the new code table T_PR_CDE_OOS. The field name is changing from ind_oos to cde_oos.	Prod Implemented

## 2.7.43 PANEL: Provider Bed Maintenance

### 2.7.43.1 Description

Use the Provider Bed Maintenance panel to maintain bed count information for institutional providers.

Navigation Path: [Provider - Search] - [select row from search results] - [Beds]

### 2.7.43.2 Technical Name

Prov.ProviderBedMaintenance.ascx

### 2.7.43.3 Panel Name

PrBed

### 2.7.43.4 Provider Bed MaintenanceLayout

The screenshot shows a web application window titled "» Provider Beds". It contains a table with the following data:

Bed Type	Medicaid Only	Medicare Only	Both	Total Beds	Effective Date	End Date
Hospital	0	0	52	52	09/01/1985	04/24/1996
Hospital	0	0	40	40	09/01/1999	12/31/2299

Below the table, there is a form with the following fields:

- Bed Type\*: Hospital (dropdown menu)
- Medicaid Only\*: 0 (text input)
- Medicare Only\*: 0 (text input)
- Both\*: 52 (text input)
- Total Beds: 52 (displayed)
- Effective Date\*: 09/01/1985 (text input)
- End Date\*: 04/24/1996 (text input)

A blue "add" button is located at the bottom right of the form. A message "Type changes below." is displayed above the form fields.

### 2.7.43.5 Extra Features

This panel has no extra features.

### 2.7.43.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Bed Type (Detail)	Type of bed being certified.	Field	Drop Down List Box	1	T_PR_BEDS	BED_TYPE_CDE
Bed Type (List)	Type of bed being certified.	Field	Drop Down List Box	1	T_PR_BEDS	BED_TYPE_CDE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Both (Detail)	The total number of beds in the facility certified for both Medicaid and Medicare patients	Field	Number	6	T_PR_BEDS	NUM_BOTH_BEDS
Both (List)	The total number of beds in the facility certified for both Medicaid and Medicare patients	Field	Number	6	T_PR_BEDS	NUM_BOTH_BEDS
Effective Date (Detail)	Effective date of the count row.	Field	Date (MM/DD/CCYY)	8	T_PR_BEDS	DTE_EFFECTIVE
Effective Date (List)	Effective date of the count row.	Field	Date (MM/DD/CCYY)	8	T_PR_BEDS	DTE_EFFECTIVE
End Date (Detail)	End date of the count row.	Field	Date (MM/DD/CCYY)	8	T_PR_BEDS	DTE_END
End Date (List)	End date of the count row.	Field	Date (MM/DD/CCYY)	8	T_PR_BEDS	DTE_END
Medicaid Only (Detail)	The total number of beds in the facility certified for Medicaid patients.	Field	Number	6	T_PR_BEDS	NUM_MEDICAID_BEDS
Medicaid Only (List)	The total number of beds in the facility certified for Medicaid patients.	Field	Character	6	T_PR_BEDS	NUM_MEDICAID_BEDS
Medicare Only (Detail)	The total number of beds in the facility certified for Medicare patients.	Field	Number	6	T_PR_BEDS	NUM_MEDICARE_BEDS
Medicare Only (List)	The total number of beds in the facility certified for Medicare patients.	Field	Number	6	T_PR_BEDS	NUM_MEDICARE_BEDS
Total Beds (Detail)	The total number of beds in the facility.	Field	Number	6	N/A	CALCULATED FIELD

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Total Beds (List)	The total number of beds in the facility.	Field	Number	6	N/A	CALCULATED FIELD

**2.7.43.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective date is required.	Enter an effective date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments cannot overlap for the same type of bed code.
End Date (Detail)	Field	1	End date is required.	Enter an end date.
End Date (Detail)	Field	16	End date must be greater than or equal to end date.	Verify data entry. The end date cannot be less than the effective date.
End Date (Detail)	Field	17	Date segments cannot overlap.	Verify data entry. Date segments cannot overlap for the same type of bed code.

**2.7.43.8 Associated Requirements**

ID
No associated requirements found.

**2.7.43.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
152	Change Order	New Bed Panel	<p>Create a new panel to capture bed counts for the in-patient facility with effective dates similar to the Provider Bed Data screen in the current (legacy) MMIS.</p> <p>The bed counts that are captured are: Total, Medicare Only, Medicaid Only, and Both.</p> <p>This new panel is used to capture bed counts for LTC facilities and out of state hospitals although it can be used for any institution.</p> <p>The customer uses the Both field to capture out of state hospital bed counts.</p> <p>The total field is calculated as follows: Medicaid Only + Medicare Only + Both.</p>	Prod Implemented

## 2.7.44 PANEL: Provider Taxonomy

### 2.7.44.1 Description

Use the Provider Taxonomy panel to view and update the taxonomies a provider can use when filing claims.

Navigation Path: [Provider - Search] - [Select row from Search Results] - [Taxonomy]

### 2.7.44.2 Technical Name

Prov.ProviderTaxonomyPanel.ascx

### 2.7.44.3 Panel Name

ProvTaxonomy

### 2.7.44.4 Provider Taxonomy Layout

The screenshot shows a web application window titled "Taxonomy". It contains a table with the following data:

Primary Indicator	Taxonomy	Description	Effective Date	End Date
No	311Z00000X	Custodial Care Facility	01/01/1900	12/31/2299
Yes	315P00000X	Intermediate Care Facility, Mentally Retarded	01/01/1900	12/31/2299
No	313M00000X	Nursing Facility/Intermediate Care Facility	01/01/1900	12/31/2299
No	314000000X	Skilled Nursing Facility	01/01/1900	12/31/2299

Below the table, there is a form to add or edit a taxonomy. It includes a checkbox for "Primary: Taxonomy", a text box for "Taxonomy" (containing "315P00000X"), a dropdown for "Taxonomy Description\*" (containing "Intermediate Care Facility, Mentally Retarded"), and text boxes for "Effective Date\*" (containing "01/01/1900") and "End Date\*" (containing "12/31/2299"). An "add" button is located at the bottom right of the form.

### 2.7.44.5 Extra Features

This panel has no extra features.

### 2.7.44.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	Date the taxonomy code becomes effective for this provider.	Field	Date (MM/DD/CCYY)	8	T_PR_TAXONOMY	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date	Date the taxonomy is no longer effective for this provider.	Field	Date (MM/DD/CCYY)	8	T_PR_TAXONOMY	DTE_END
Primary Indicator	Identifies the primary taxonomy for this provider.	Check Box	Check Box	1	T_PR_TAXONOMY	IND_PRIMARY
Taxonomy	The taxonomy code as defined by CMS.	Field	Character	10	T_PR_TAXONOMY_CDE	CDE_TAXONOMY
Taxonomy Description	The CMS defined description of the taxonomy code.	Field	Character	100	T_PR_TAXONOMY_CDE	DSC_TAXONOMY

**2.7.44.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.44.8 Associated Requirements**

ID
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13

**2.7.44.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.45 PANEL: Provider Group Member

### 2.7.45.1 Description

Use the Provider Group Member panel to maintain provider enrollment in a group or in multiple groups if applicable, and effective dates.

Navigation Path: [Provider - Search] - [select row from search results] - [Group Member]

### 2.7.45.2 Technical Name

Prov.ProviderGroupMember.ascx

### 2.7.45.3 Panel Name

GrMem

### 2.7.45.4 Provider Group Member Layout

The screenshot shows a web application window titled "» Group Member". It contains a table with the following columns: Group Number, Group Number ID Type, Group Name, Effective Date, and End Date. The first row shows: 96900055, MCD, KY HEALTH SELECT, 11/01/1997, 02/04/1999. Below the table is a form with the same fields. The Group Number field is populated with 96900055, Group Number ID Type with MCD, and Group Name with KY HEALTH SELECT. The Effective Date\* field is populated with 11/01/1997 and the End Date\* field with 02/04/1999. There is an "add" button at the bottom right of the form.

Group Number	Group Number ID Type	Group Name	Effective Date	End Date
96900055	MCD	KY HEALTH SELECT	11/01/1997	02/04/1999

Type changes below.

Group Number: 96900055 MCD [ Search ] Effective Date\*: 11/01/1997

Group Name: KY HEALTH SELECT End Date\*: 02/04/1999

add

### 2.7.45.5 Extra Features

This panel has no extra features.

### 2.7.45.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Group membership effective date.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_EFFECTIVE
Effective Date (List)	Group membership effective date.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_EFFECTIVE
End Date (Detail)	End date of group membership.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (List)	End date of group membership.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_END
Group Name (Detail)	The name of the group.	Field	Character	50	T_PR_NAM	NAME
Group Name (List)	The name of the group.	Field	Character	50	T_PR_NAM	NAME
Group Number ID type (List)	Identifies the type of provider number displayed (NPI or MCD).	Field	Character	3	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE
Group Number (Detail)	Group provider number.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Group Number (List)	Group provider number.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER

**2.7.45.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter a valid effective date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be sequentially before the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments cannot overlap for the same group provider ID and service location.
End Date (Detail)	Field	1	End Date is required.	Enter a valid end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be sequentially before the end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments cannot overlap for the same group provider ID and service location.
Group Number ID type (List)	Field	5000	Both a Provider ID & Location Code is needed.	Enter a valid group provider ID and service location.
Group Number ID type (List)	Field	5001	There is no Provider in the system with that ID & Location Code.	Verify data entry. Group provider ID and service location does not exist.
Group Number ID type (List)	Field	5002	A valid Group Service Location is required.	Verify data entry. Enter a valid service location for the group provider ID entered.
Group Number (Detail)	Field	5000	Both a Provider ID & Location Code is needed.	Enter a valid group provider ID and service location.
Group Number (Detail)	Field	5001	Cannot be a member of yourself.	Verify data entry. You have entered the member's provider ID and service location.
Group Number (Detail)	Field	5002	There is no Provider in the system with that ID & Location Code.	Verify data entry. Group provider ID and service location does not exist.
Group Number (Detail)	Field	5003	You cannot have a group that's a member.	Verify data entry. The group provider ID and service location you have entered is a member. Please enter a group provider ID and service location.

**2.7.45.8 Associated Requirements****ID**

30.050.003.002.20

30.090.003.002.13

ID
30.090.003.002.15
30.090.003.003.10
30.090.003.003.12

**2.7.45.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.46 PANEL: Provider Owner

### 2.7.46.1 Description

Use the Provider Owner panel to maintain a relationship of a provider to the owner. Also the relationship to the owner and the percentage of ownership is maintained on this panel.

Navigation Path: [Provider - Search] - [select row from search results] - [Owner]

### 2.7.46.2 Technical Name

Prov.ProviderOwner.ascx

### 2.7.46.3 Panel Name

Owner

### 2.7.46.4 Provider Owner Layout

Owner							
Owner	Relationship Type	Percentage Owner	Effective Date	End Date	Tax ID	City	State
Adair County	Mother	50%	08/01/2000	12/31/2000	123456789	Oklahoma City	OK
Craig County	Father	75%	01/01/2001	12/31/2001	333333333	Norman	OK
Fairview Hospital	Sibling	25%	01/01/2002	12/31/2299	222222222	Oklahoma City	OK

Select row above to update -or- type data below to add.

Owner	<input type="text" value=""/>	[Search]	Effective Date	<input type="text" value=""/>
Relationship Type	<input type="text" value=""/>		End Date	<input type="text" value=""/>
Percentage Owner	<input type="text" value=""/>		<input type="button" value="add"/>	

Click Maintain to modify Owner information below.

Owner Business Name	<input type="text" value=""/>	Tax ID	<input type="text" value=""/>
Owner Name - Last	<input type="text" value=""/>		
Owner Name - First, MI	<input type="text" value=""/>		
Address 1	<input type="text" value=""/>		
Address 2	<input type="text" value=""/>		
City	<input type="text" value=""/>		
State	<input type="text" value=""/>		
Zip	<input type="text" value=""/>		
		<input type="button" value="maintain"/>	

**2.7.46.5 Extra Features**

This panel has no extra features.

**2.7.46.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	The mailing street of the owner.	Field	Character	50	T_OWNER	ADR_STREET_1
Address 2	The optional second mailing street of the owner.	Field	Character	50	T_OWNER	ADR_STREET_2
City (Detail)	The city of the owner.	Field	Character	50	T_OWNER	ADR_CITY
City (List)	The city of the owner.	Field	Character	50	T_OWNER	ADR_CITY
Effective Date (Detail)	Effective date of an owner over provider.	Field	Date (CCYYMMDD)	8	T_PR_OWNER	DTE_EFFECTIVE
Effective Date (List)	Effective date of an owner over provider.	Field	Date (CCYYMMDD)	8	T_PR_OWNER	DTE_EFFECTIVE
End Date (Detail)	Ending date of an owner over provider.	Field	Date (CCYYMMDD)	8	T_PR_OWNER	DTE_END
End Date (List)	Ending date of an owner over provider.	Field	Date (CCYYMMDD)	8	T_PR_OWNER	DTE_END
Owner Business Name (Detail)	The name of the business of the owner.	Field	Character	50	T_OWNER	NAM_BUSINESS
Owner First Name	The first name of the owner.	Field	Character	50	T_OWNER	NAM_FIRST
Owner Last Name	The last name of the owner.	Field	Character	50	T_OWNER	NAM_LAST
Owner MI	The middle initial of the owner.	Field	Character	1	T_OWNER	NAM_MI

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Owner (Detail)	Name of owner (first name, last name or business name)	Field	Character	50	T_OWNER	NAM_BUSINESS
Owner (List)	Name of owner (first name, last name or business name)	Field	Character	50	T_OWNER	NAM_BUSINESS
Percentage Owner (Detail)	Percentage owner	Field	Number	3	T_PR_OWNER	NUM_PERCENT_OWNER
Percentage Owner (List)	Percentage owner	Field	Number	3	T_PR_OWNER	NUM_PERCENT_OWNER
Relationship Type (Detail)	Description of the relationship between the owner and provider.	Field	Character	50	T_PR_OWNER	CDE_RELATION_TYPE
Relationship Type (List)	Description of the relationship between the owner and provider.	Field	Character	50	T_PR_OWNER	CDE_RELATION_TYPE
State (Detail)	The two-character state abbreviation of the owner.	Field	Character	2	T_OWNER	ADR_STATE
State (List)	The two-character state abbreviation of the owner.	Field	Character	2	T_OWNER	ADR_STATE
Tax ID (Detail)	Owner tax ID.	Field	Character	9	T_OWNER	NUM_TAX_ID
Tax ID (List)	Owner tax ID.	Field	Character	9	T_OWNER	NUM_TAX_ID
Zip	The zip code of the owner.	Field	Character	5	T_OWNER	ADR_ZIP
Zip +4	The optional zip code extension of the owner.	Field	Character	4	T_OWNER	ADR_ZIP_4

**2.7.46.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter the street 1 address.
City (Detail)	Field	1	City is required.	Enter the city.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same owner.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same owner.
Owner Business Name (Detail)	Field	5000	Business Name or First/Last Name is required.	Enter a business name and/or a first and last name.
Owner First Name	Field	1	First/Last Name is required.	Enter a first name and a last name.
Owner First Name	Field	5000	Business Name or First/Last Name is required.	Enter a business name and/or a first and last name.
Owner Last Name	Field	1	First/Last Name is required.	Enter a first name and a last name.
Owner Last Name	Field	5000	Business Name or First/Last Name is required.	Enter a business name and/or a first and last name.
Owner (Detail)	Field	29	A valid Owner is required	Search for an owner.

Field	Field Type	Error Code	Error Message	To Correct
Percentage Owner (Detail)	Field	15	Percentage Owner must be greater than or equal to 0.	Verify data entry. Enter a percent that is greater than or equal to 0%.
Percentage Owner (Detail)	Field	16	Percentage Owner must be less than or equal to 100.00.	Verify data entry. Enter a percent that is less than or equal to 100.00%.
Relationship Type (Detail)	Field	1	A valid Relationship Type is required	Choose a relation type.
State (Detail)	Field	29	A valid State is required	Choose a state.
Tax ID (Detail)	Field	1	Tax ID is required.	Enter a tax ID.
Tax ID (Detail)	Field	10	Tax ID must be Numeric.	Verify data entry. Enter a numeric tax ID.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Enter a nine-digit tax ID.
Zip	Field	1	Zip is required.	Enter a zip code.

**2.7.46.8 Associated Requirements**

ID
No associated requirements found.

**2.7.46.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.47 PANEL: Provider Rate

### 2.7.47.1 Description

Use the Provider Rate panel to maintain multiple provider-specific institutional and professional reimbursement rates including per diem, per unit, and percentage-of-charge rates.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider Rate]

### 2.7.47.2 Technical Name

Prov.ProviderRatePanel.ascx

### 2.7.47.3 Panel Name

PrRate

### 2.7.47.4 Provider Rate Layout

>> Provider Rate Top Nav ? A

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Rate Type: AB1 - Acquired BrainPPR1

Flat Rate Amount:

Percentage Amount:

Effective Date:

End Date:

Active Date:

Inactive Date:

add

### 2.7.47.5 Extra Features

The active and inactive dates represent the time period that a claim may pay using this rate. For example, if a rate is entered incorrectly and saved, even if for only a few minutes, during that time span a claim may be paid using that rate. Therefore this panel does not allow the user to alter the rate amount on any row, instead an inactive date is entered on the row in error and a new row is inserted.

### 2.7.47.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Active Date	Date and time the rate segment is active.	Field	Date (MM/DD/CCYY)	0	T_PR_RATE	DTE_ACTIVE
Effective Date	Effective date of the rate.	Field	Date (MM/DD/CCYY)	8	T_PR_RATE	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date	End date of the rate.	Field	Date (MM/DD/CCYY)	8	T_PR_RATE	DTE_END
Flat Rate Amount	Provider's rate dollar amount.	Field	Number	8	T_PR_RATE	AMT_RATE
Inactive Date	Date and time the rate segment is inactive.	Field	Date (MMDDCCYY)	0	T_PR_RATE	DTE_INACTIVE
Percentage Amount	Provider's percentage of charge amount.	Field	Number	5	T_PR_RATE	AMT_RATE_PERCENT
Rate Type	Reimbursement rate type.	Field	Drop Down List Box	3	T_PR_RATE	CDE_RATE_TYPE

**2.7.47.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.47.8 Associated Requirements**

ID
30.090.003.002.13
30.090.003.002.18
30.090.003.002.2
30.090.003.002.27A
30.090.003.003.13
30.090.003.003.19
30.090.006.002.8

ID
30.090.007.002.41
30.090.009.002.22

**2.7.47.9 CO / Defects**

ID	Type	Name	Description	Current Status
2712	Change Order	UI - Provider Rates Panel	The provider subsystem needs to maintain multiple, provider-specific institutional and professional reimbursement rates per diems, per unit, and percentage-of-charge rates.	Prod Implemented

## 2.7.48 PANEL: Provider Board Participant

### 2.7.48.1 Description

Use the Provider Board Participant panel to maintain the relationship between a provider and an existing board participant on file.

Navigation Path: [Provider - Search] - [select row from search results] - [Board Participant]

### 2.7.48.2 Technical Name

Prov.ProviderBoardParticipant.ascx

### 2.7.48.3 Panel Name

BoaPar

### 2.7.48.4 Provider Board Participant Layout

Board Participant Name	Board Position	Effective Date	End Date	Tax ID	City	State
Cox, Eddie	Director	08/01/2000	12/31/2299	111-33-4455	Oklahoma City	OK
Hardin, Nancy	Member	01/01/2001	12/31/2299	222-33-4455	Oklahoma City	OK
Smith, George	Member	01/01/2002	12/31/2299	111-33-6666	Ada	OK

Select row above to update -or- type data below to add.

Board Participant Name	<input type="text" value="[Search]"/>	Effective Date	<input type="text"/>
Board Position	<input type="text"/>	End Date	<input type="text"/>

Click Maintain to modify Board Participant information below.

First Name MI	<input type="text"/>	Tax ID	<input type="text"/>
Last Name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		
Zip	<input type="text"/>		

### 2.7.48.5 Extra Features

This panel has no extra features.

**2.7.48.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	Board first street address.	Field	Character	50	T_BOARD_PART	ADR_STREET_1
Address 2	Board second street address.	Field	Character	50	T_BOARD_PART	ADR_STREET_2
Board Participant Name (Detail)	The first and last name of the board member.	Field	Character	30	T_BOARD_PART	NAM_LAST, NAM_FIRST
Board Participant Name (List)	The first and last name of the board member.	Field	Character	30	T_BOARD_PART	NAM_LAST, NAM_FIRST
Board Position (Detail)	The position of the provider and board member.	Field	Drop Down List Box	25	T_PR_BOARD_MEM	CDE_POSITION
Board Position (List)	The position of the provider and board member.	Field	Character	25	T_PR_BOARD_MEM	CDE_POSITION
City (Detail)	Board city.	Field	Character	50	T_BOARD_PART	ADR_CITY
City (List)	Board city.	Field	Character	50	T_BOARD_PART	ADR_CITY
Effective Date (Detail)	Effective date.	Field	Date (MMDDCCYY)	8	T_PR_BOARD_MEM	DTE_EFFECTIVE
Effective Date (List)	Effective date.	Field	Date (MMDDCCYY)	8	T_PR_BOARD_MEM	DTE_EFFECTIVE
End Date (Detail)	End date.	Field	Date (MMDDCCYY)	8	T_PR_BOARD_MEM	DTE_END
End Date (List)	End date.	Field	Date (MMDDCCYY)	8	T_PR_BOARD_MEM	DTE_END
First Name	The first name of the board member.	Field	Character	50	T_BOARD_PART	NAM_FIRST

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Last Name	The last name of the board member.	Field	Character	50	T_BOARD_PART	NAM_FIRST
MI	The middle initial of the board member.	Field	Character	1	T_BOARD_PART	NAM_MIDDLE_INT
State (Detail)	Board state.	Field	Character	2	T_BOARD_PART	ADR_STATE
State (List)	Board state.	Field	Character	2	T_BOARD_PART	ADR_STATE
Tax ID (Detail)	The tax ID of the board member.	Field	Character	9	T_BOARD_PART	NUM_TAX_ID
Tax ID (List)	The tax ID of the board member.	Field	Character	9	T_BOARD_PART	NUM_TAX_ID
Zip	Board zip code.	Field	Character	5	T_BOARD_PART	ADR_ZIP
Zip + 4	Board zip code extension.	Field	Character	4	T_BOARD_PART	ADR_ZIP_4

**2.7.48.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter the board participant address.
Board Participant Name (Detail)	Field	29	A valid Board Participant Name is required.	Select Search and choose a board participant.
Board Position (Detail)	Field	29	A valid Board Position is required.	Choose a board position.
City (Detail)	Field	1	City is required.	Enter the board participant city.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same board participant.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same board participant.
First Name	Field	1	First Name is required.	Enter the board participant first name.
Last Name	Field	1	Last Name is required.	Enter the board participant last name.
State (Detail)	Field	1	A valid State is required.	Choose the board participant state.
Tax ID (Detail)	Field	1	Tax ID is required.	Enter the board participant tax ID.
Tax ID (Detail)	Field	10	Tax ID must be Numeric.	Verify data entry. Enter a numeric tax ID.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Enter a nine-digit tax ID.
Zip	Field	1	Zip is required.	Enter the board participant zip code.

**2.7.48.8 Associated Requirements****ID**

No associated requirements found.

**2.7.48.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.49 PANEL: Provider Certification

### 2.7.49.1 Description

Use the Provider Certification panel to maintain any special certifications the provider holds. For example, a hospital may hold a Burn Unit certificate.

Navigation Path: [Provider - Search] - [select row from search results] - [Certification]

### 2.7.49.2 Technical Name

Prov.ProviderCertification.ascx

### 2.7.49.3 Panel Name

Cert

### 2.7.49.4 Provider Certification Layout

The screenshot shows a web application window titled "Certification". It contains a table with three columns: "Certification Type", "Effective Date", and "End Date". The table has three rows of data. Below the table is a form with a dropdown menu for "Certification Type", two text input fields for "Effective Date" and "End Date", and an "add" button. A message "Select row above to update -or- type data below to add." is displayed above the form.

Certification Type	Effective Date	End Date
Cert Type 1	01/01/2000	01/01/2299
Cert Type 3	01/01/2000	01/01/2299
Cert Type 4	01/01/2000	01/01/2299

Select row above to update -or- type data below to add.

Certification Type:  Effective Date:  End Date:

### 2.7.49.5 Extra Features

This panel has no extra features.

### 2.7.49.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Certification type (Detail)	Provider certification type.	Field	Drop Down List Box	2	T_PR_SVC_CERT	CDE_CERT_TYPE
Certification type (List)	Provider certification type.	Field	Character	20	T_PR_SVC_CERT	CDE_CERT_TYPE
Effective date (Detail)	Effective date of certification.	Field	Date (MMDDCCYY)	8	T_PR_SVC_CERT	DTE_EFFECTIVE
Effective date (List)	Effective date of certification.	Field	Date (MMDDCCYY)	8	T_PR_SVC_CERT	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End date (Detail)	End date of certification.	Field	Date (MMDDCCYY)	8	T_PR_SVC_CERT	DTE_END
End date (List)	End date of certification.	Field	Date (MMDDCCYY)	8	T_PR_SVC_CERT	DTE_END

**2.7.49.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Certification type (Detail)	Field	29	A valid Certification Type is required.	Choose a certification type.
Effective date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same certification.
End date (Detail)	Field	1	End Date is required.	Enter an end date.
End date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same certification.

**2.7.49.8 Associated Requirements**

ID
No associated requirements found.

**2.7.49.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.50 PANEL: Provider Group

### 2.7.50.1 Description

Use the Provider Group panel to maintain a group's members and effective dates.

Navigation Path: [Provider - Search] - [select row from search results] - [Group]

### 2.7.50.2 Technical Name

Prov.ProviderGroup.ascx

### 2.7.50.3 Panel Name

Group

### 2.7.50.4 Provider Group Layout

» Group					Top	Nav	?	A	↑	×
Member Provider Number ▲	Member ID Type	Member Name	Effective Date	End Date						
64000532	MCD	BUCK, CHERYL D.	08/12/1999	12/20/2006						
64000615	MCD	DO, TWEETHI	08/21/1999	12/31/2299						
64000995	MCD	GUREL, OKYANUS	08/13/1999	07/01/2002						
64001092	MCD	KAHN, ROBERT S	09/08/1999	12/20/2006						
64002256	MCD	WALD, STEVEN L	01/03/2000	03/30/2001						
64002579	MCD	STRUCK, MICHAEL C	12/30/1999	10/24/2001						
64003361	MCD	COLLINS, MARGARET H	11/29/1999	12/31/2299						
64003395	MCD	KRAUS, STEVEN J	10/07/1999	12/20/2006						
64003437	MCD	WRIGHT, ROBERT B	01/04/2000	06/30/2002						
64003650	MCD	MACK, DEBORAH I	12/15/1999	12/31/2299						

1 2 3 4 5 6 7 8 9 10 ... Next >

Type changes below.

Member Provider Number	64002256	MCD	[ Search ]	Effective Date*	01/03/2000
Member Name	WALD, STEVEN L			End Date*	03/30/2001

[add](#)

### 2.7.50.5 Extra Features

This panel has no extra features.

**2.7.50.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Group membership effective date.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_EFFECTIVE
Effective Date (List)	Group membership effective date.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_EFFECTIVE
End Date (Detail)	End date of group membership.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_END
End Date (List)	End date of group membership.	Field	Date (MMDDCCYY)	8	T_PR_GRP_MBR	DTE_END
Member ID Type (List)	Type of provider number displayed (MCD or NPI).	Field	Character	3	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE
Member Name (Detail)	The name of the individual provider.	Field	Character	50	T_PR_NAM	NAME
Member Name (List)	The name of the individual provider.	Field	Character	50	T_PR_NAM	NAME
Member Provider Number (Detail)	Individual provider's ID number.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Member Provider Number (List)	Individual provider's ID number.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER

**2.7.50.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same member provider number and service location.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same member provider number and service location.
Member Provider Number (Detail)	Field	5000	Both a Provider ID & Location Code is needed.	Enter a member provider ID and service location or search and select a member.
Member Provider Number (Detail)	Field	5001	Cannot be a member of yourself.	Verify data entry. The member provider ID and service location entered is the same as the provider you are modifying.
Member Provider Number (Detail)	Field	5002	There is no Provider in the system with that ID & Location Code.	Verify data entry. The member provider ID and service location combination does not exist.
Member Provider Number (Detail)	Field	5003	You cannot have a member that's a group.	Verify data entry. The member provider ID and service location entered is a group. A group provider can not be an individual provider.

**2.7.50.8 Associated Requirements**

<b>ID</b>
30.050.003.002.20

ID
30.090.003.002.1
30.090.003.002.13
30.090.003.002.15
30.090.003.003.10
30.090.003.003.12

**2.7.50.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## **2.7.51 PANEL: Provider Tax ID**

### **2.7.51.1 Description**

Use the Provider Tax ID panel to maintain Provider Tax ID number information.

Navigation Path: [Provider - Search] - [select row from search results] - [Tax ID]

OR [Provider - Application Search] - [(New button)

OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is "Approved"

and Provider ID field <> blank)

OR Enroll Program (only available when application status is "Approved" and Provider ID field = blank)] - [Tax ID]

### **2.7.51.2 Technical Name**

Prov.ProviderTaxID.ascx

### **2.7.51.3 Panel Name**

TaxID

For readability the layout displays on the next page.

#### 2.7.51.4 Provider Tax ID Layout

#### 2.7.51.5 Extra Features

When a new tax segment is created and an effective date is entered, the end date of the previous segment (the segment with the 2299/12/31 end date) is automatically set to one day before the new effective date.

#### 2.7.51.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	Provider street address 1.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT1
Address 2	Provider street address 2.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT2
City	Provider city.	Field	Character	15	T_IRS_W9_INFO	ADR_MAIL_CITY

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_EFFECTIVE
Effective Date (List)	Effective date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_EFFECTIVE
End Date (Detail)	End date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_END
End Date (List)	End date of tax ID.	Field	Number	8	T_PR_TAX_ID	DTE_END
Ext	Provider phone number extension.	Field	Character	4	T_IRS_W9_INFO	NUM_PHO_EXT
Form 147	Provider has submitted form 147, stating his name and tax ID (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_FORM_147
IRS Effective Date	Effective date of tax ID.	Field	Number	8	T_IRS_W9_INFO	DTE_EFFECTIVE
IRS End Date	End date of tax ID.	Field	Number	8	T_IRS_W9_INFO	DTE_END
IRS Tax ID	Provider tax ID.	Field	Character	9	T_IRS_W9_INFO	NUM_TAX_ID
IRS Tax Type	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_IRS_W9_INFO	IND_TAX_ID_TYPE
Name	Provider name.	Field	Character	40	T_IRS_W9_INFO	NAME
Phone	Provider phone number.	Field	Character	10	T_IRS_W9_INFO	NUM_PHONE
State	Provider state.	Field	Character	2	T_IRS_W9_INFO	ADR_MAIL_STATE
Tax ID (Detail)	Provider tax ID.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID
Tax ID (List)	Provider tax ID.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Tax ID Exempt	Provider is exempt from receiving a 1099 (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_TAX_ID_EXEMPT
Type (Detail)	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_PR_TAX_ID	IND_TAX_ID_TYPE
Type (List)	Provider tax ID type (SSN or FEIN).	Field	Character	1	T_PR_TAX_ID	IND_TAX_ID_TYPE
W9 Form	Provider W9 form (YES or NO).	Field	Character	1	T_IRS_W9_INFO	IND_W9_FORM
Zip	Provider zip code.	Field	Character	5	T_IRS_W9_INFO	ADR_MAIL_ZIP
Zip+4	Provider zip code + 4.	Field	Character	4	T_IRS_W9_INFO	ADR_MAIL_ZIP_4

**2.7.51.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter address 1.
City	Field	1	City is required.	Enter the city.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	15	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	3	Must have open-ended segment. (End Date = 12/31/2299).	Verify data entry. The end date for one date segment must be 12/31/2299.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	15	End Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
Ext	Field	1	Ext must be Numeric.	Verify data entry. Phone extension must be numeric.
IRS Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
IRS Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap. A provider can only have one tax ID per date segment.
IRS Effective Date	Field	5000	New IRS Effective Date must be less than or equal to old IRS Effective Date.	Verify data entry. In an update transaction only effective dates less than or equal to the current effective date can be added to prevent gaps in coverage.
IRS Tax ID	Field	1	IRS Tax ID is required.	Enter IRS Tax ID.
IRS Tax ID	Field	10	IRS Tax ID must be Numeric.	Verify data entry. IRS tax ID must be numeric.
IRS Tax ID	Field	18	IRS Tax ID must be 9 character(s) in length.	Verify data entry. IRS tax ID must be nine numbers.
IRS Tax Type	Field	1	IRS Tax Type is required.	Choose the IRS tax type.
Name	Field	1	Name is required.	Enter the name.
State	Field	29	A valid State is required	Choose a state.
Tax ID (Detail)	Field	1	Tax ID is required.	Enter a tax ID.

Field	Field Type	Error Code	Error Message	To Correct
Tax ID (Detail)	Field	2	Tax ID already in use, verify before continuing.	Verify data entry. This tax ID is already assigned to one or more providers.
Tax ID (Detail)	Field	10	Tax ID must be numeric.	Verify data entry. Verify the tax ID is numeric.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Tax ID must be nine numeric characters.
Tax ID (Detail)	Field	19	Tax ID contains an invalid value.	Verify data entry. The tax ID cannot be nine repeating numbers, for example 111111111 is not a valid tax ID.
Tax ID (Detail)	Field	5000	IRS tax data must be added/updated before saving.	IRS tax information does not exist for some or all of the dates entered. Enter IRS tax ID information.
Type (Detail)	Field	1	Type is required.	Choose a type.
Zip	Field	1	Zip is required.	Enter the zip code.

**2.7.51.8 Associated Requirements**

ID
30.090.003.002.31

**2.7.51.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.52 PANEL: Physician Assistants

### 2.7.52.1 Description

Authorized users use the Physician Assistant panel to view or update physician assistant relationships. The panel shows a list of all providers that are designated as assistants to the main provider (supervisor). Claims editing uses this relationship to verify the assistant listed on the claim detail can assist the provider listed in the claim header. Physician assistants are paid at a different rate than physicians.

Navigation Path: [Provider - Search] - [select row from search results] - [Physician Assistants]

### 2.7.52.2 Technical Name

Prov.PhysicianAssistants.ascx

### 2.7.52.3 Panel Name

Prov.PhysAsst

### 2.7.52.4 Physician Assistants Layout

The screenshot shows a web application window titled "Physician Assistant". It contains a table with the following data:

Assistant ID	Assistant Name	Effective Date	End Date
1000000006	NPI BROWN, VICTOR L	05/31/2006	12/31/2299

Below the table is a form to add a new assistant. It includes fields for Assistant ID (1000000006), Assistant Name (BROWN, VICTOR L), Effective Date\* (05/31/2006), and End Date\* (12/31/2299). There is a search button and an "add" button.

### 2.7.52.5 Extra Features

This panel has no extra features.

### 2.7.52.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Assistant ID (Detail)	Assistant's Provider ID number.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Assistant ID (List)	Assistant's Provider ID number.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Assistant Name (Detail)	The name of the assistant.	Field	Character	50	T_PR_NAM	NAME

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Assistant Name (List)	The name of the assistant.	Field	Character	50	T_PR_NAM	NAME
Effective Date (Detail)	Physician Assistant relationship effective date.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_EFFECTIVE
Effective Date (List)	Physician Assistant relationship effective date.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_EFFECTIVE
End Date (Detail)	End date of Physician Assistant relationship.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_END
End Date (List)	End date of Physician Assistant relationship.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_END

**2.7.52.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.52.8 Associated Requirements**

ID
No associated requirements found.

**2.7.52.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
1585	Change Order	Prov Phys Asst Panel	<p>There is a business need in Kentucky to store a relationship between the physician (provider) and their assistants. KY pricing logic will price details with a U1 procedure code at 75% the regular rate. Claims have created edit 247 to ensure that the relationship between the assistant and the physician is valid.</p> <p>Create two new panels to show this relationship:</p> <ol style="list-style-type: none"><li>1. Physician Assistants panel will show the assistants assigned to this physician; and,</li><li>2. Assisted Physicians panel will show the physicians assigned to this assistant.</li></ol>	Prod Implemented
3357	Change Order	REL2 - Assistant panel name chg	<p>Change the Provider Maintenance menu and Assistant panels to rename them.</p> <p>Change Assistant to Physician Assistant</p> <p>Change Assisted Physician to Supervising Physician</p> <p>The PWB contains the most current panel layouts.</p>	Prod Implemented

## 2.7.53 PANEL: Provider IDs

### 2.7.53.1 Description

The ID panel displays all IDs associated with the service location. The user can add and/or maintain the ID information.

### 2.7.53.2 Technical Name

Prov.ProviderIdentifierPanel.ascx

### 2.7.53.3 Panel Name

Provider IDs

### 2.7.53.4 Provider ID's Layout

The screenshot shows a web application window titled "IDs". At the top, there is a table with the following columns: Provider Number, ID Type, Default NPI Service Location, NPI Verified, Effective Date, End Date, and End Date Reason Code. The table contains one row with the following data: Provider Number 01599999, ID Type Medicaid Provider Number, Default NPI Service Location No, NPI Verified No, Effective Date 01/01/1994, End Date 12/31/2299, and End Date Reason Code.

Below the table, there is a form with the following fields:

- Provider Number: 01599999
- ID Type: Medicaid Provider Number (dropdown)
- Effective Date\*: 01/01/1994
- End Date\*: 12/31/2299
- Default NPI Service Location\*: No (dropdown)
- NPI Verified\*: No (dropdown)
- End Date Reason: (dropdown)

At the bottom right of the form, there are two buttons: "delete" and "add".

### 2.7.53.5 Extra Features

This panel has no extra features.

### 2.7.53.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Default NPI Service Location	For NPI entries, indicates that this is the default service location for this NPI.	Field	Character	1	T_PR_IDENTIFIER	IND_DFLT_NPI_LOC
Effective Date	Effective start date for this provider number.	Field	Number	8	T_PR_IDENTIFIER	DTE_PR_ID_EFF
End Date	Expiration date for this provider number.	Field	Number	8	T_PR_IDENTIFIER	DTE_PR_ID_END
End Date Reason	Reason code for end dating the segment.	Field	Character	1	T_PR_IDENTIFIER	CDE_PR_ID_END_RSN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ID Type	Type of Provider Number.	Field	Character	3	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE
NPI Verified	For NPI entries, indicates if this NPI has been validated with NPPES.	Field	Character	1	T_PR_IDENTIFIER	IND_NPI_VERIFY
Provider Number	Provider Number value.	Field	Character	15	T_PR_IDENTIFIER	ID_PROVIDER

**2.7.53.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.53.8 Associated Requirements**

ID
No associated requirements found.

**2.7.53.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.54 PANEL: Provider EFT Account

### 2.7.54.1 Description

Use the Provider Electronic Funds Transfer (EFT) Account panel to maintain bank routing information for providers who wish to receive their payments via EFT.

Navigation Path: [Provider - Search] - [select row from search results] - [EFT Account]

### 2.7.54.2 Technical Name

Prov.ProviderEFTAccount.ascx

### 2.7.54.3 Panel Name

EftAcc

### 2.7.54.4 Provider EFT Account Layout

The screenshot displays the 'EFT Account' panel. At the top, a red header bar contains the title '» EFT Account' and navigation links 'Top Nav ? A'. Below the header, a blue message bar states '\*\*\* No rows found \*\*\*' and provides instructions: 'Select row above to update -or- click Add button below.' The main form area is divided into two columns. The left column contains fields for 'ABA Number', 'Account Number', 'EFT Type' (a dropdown menu), 'Financial Cycle' (a dropdown menu), 'Account Type' (a dropdown menu), 'Financial Institution' (a text field with a '[ Search ]' button), 'Street 1', 'Street 2', 'City', 'State', and 'Zip'. The right column contains fields for 'Effective Date', 'End Date', and 'EFT Status' (a dropdown menu). A red 'add' button is located at the bottom right of the form. At the bottom of the panel, a copyright notice reads 'Copyright 2005 Electronic Data Systems Corporation. All rights reserved.'

### 2.7.54.5 Extra Features

This panel has no extra features.

**2.7.54.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ABA Number (Detail)	Indicates the provider's bank routing number to which the EFT will be transferred. The ABA number can be duplicated in a provider's EFT file. Once an ABA number is changed to an active status, the field is protected.	Field	Character	9	T_PR_EFT_ACCT	NUM_ABA
ABA Number (List)	Indicates the provider's bank routing number to which the EFT will be transferred. The ABA number can be duplicated in a provider's EFT file. Once an ABA number is changed to an active status, the field is protected.	Field	Character	9	T_PR_EFT_ACCT	NUM_ABA
Account Number (Detail)	Indicates the provider's bank account number. When two EFT entries in a specific provider's file have the same ABA number, the account numbers cannot be the same. Once an account number is changed to an active status, the field is protected.	Field	Character	17	T_PR_EFT_ACCT	NUM_EFT_ACCT
Account Number (List)	Indicates the provider's bank account number. When two EFT entries in a specific provider's file have the same ABA number, the account numbers cannot be the same. Once an account number is changed to an active status, the field is protected.	Field	Character	17	T_PR_EFT_ACCT	NUM_EFT_ACCT
Account Type (Detail)	This indicates the account type (i.e. checking, saving, state transfer).	Combo Box	Character	15	T_PR_EFT_ACCT	IND_ACCT_TYPE
Account Type (List)	This indicates the account type (i.e. Checking, Saving, State Transfer).	Field	Character	15	T_PR_EFT_ACCT	IND_ACCT_TYPE
City	City of the financial institution.	Field	Character	15	T_PR_FIN_INST	ADR_MAIL_CITY
Effective	Indicates the date when the EFT information will	Field	Character	8	T_PR_EFT_ACCT	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Date (Detail)	become active. This date will generate to today's date. If we start during pre-notifications in the future, this date should be no less the 18 days in the future.					
Effective Date (List)	Indicates the date when the EFT information will become active. This date will generate to today's date. If we start during pre-notifications in the future, this date should be no less the 18 days in the future.	Field	Character	8	T_PR_EFT_ACCT	DTE_EFFECTIVE
EFT Status (Detail)	Indicates the status of the EFT. The EFT status can be changed from any status except canceled.	Combo Box	Character	15	T_PR_EFT_ACCT	CDE_STATUS_EFT
EFT Status (List)	Indicates the status of the EFT. The EFT status can be changed from any status except canceled.	Field	Character	15	T_PR_EFT_ACCT	CDE_STATUS_EFT
End Date (Detail)	Indicates the date when an EFT entry will end. Before a new entry can be saved, the end date associated with any open entries must be updated if the effective date of the new entry overlaps with an end date of any conflicting entries. The end date can be updated when the entry is in any status except canceled.	Field	Character	8	T_PR_EFT_ACCT	DTE_END
End Date (List)	Indicates the date when an EFT entry will end. Before a new entry can be saved, the end date associated with any open entries must be updated if the effective date of the new entry overlaps with an end date of any conflicting entries. The end date can be updated when the entry is in any status except canceled.	Field	Character	8	T_PR_EFT_ACCT	DTE_END
Financial Institution	Name of the financial institution.	Field	Character	39	T_PR_FIN_INST	NAM_INV_CORP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Last Changed Date (Detail)	Last change date of the EFT record.	Field	Character	8	T_PR_EFT_ACCT	DTE_LAST_CHANGE
Last Changed Date (List)	Last change date of the EFT record.	Field	Character	8	T_PR_EFT_ACCT	DTE_LAST_CHANGE
State	State of the financial institution.	Field	Character	2	T_PR_FIN_INST	ADR_MAIL_STATE
Street address 1	Street address 1 of the financial institution.	Field	Character	30	T_PR_FIN_INST	ADR_MAIL_STRT1
Street address 2	Street address 2 of the financial institution.	Field	Character	30	T_PR_FIN_INST	ADR_MAIL_STRT2
Zip	Zip code of the financial institution.	Field	Character	5	T_PR_FIN_INST	ADR_MAIL_ZIP
Zip + 4	Zip code extension of the financial institution.	Field	Character	4	T_PR_FIN_INST	ADR_MAIL_ZIP_4

**2.7.54.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
ABA Number (Detail)	Field	1	ABA Number is required.	Validate data entry. Enter a valid ABA number.
Account Number (Detail)	Field	1	Account Number is required.	Enter a valid account number.
Account Number (Detail)	Field	3	Account Number is not allowed.	For a state transfer this field is not allowed. Please remove data.
Account Type (Detail)	Combo Box	1	Account Type is required.	Select an account type.
Effective Date (Detail)	Field	1	Effective Date is required.	Validate data entry. Enter the appropriate effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	5	Effective Date must be at least Today.	Validate data entry. The effective date cannot be less than today's date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date	Validate data entry. Correct the effective or end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Correct segment. EFT segments have overlapping dates.
EFT Status (Detail)	Combo Box	0	EFT Status can be changed from Active to Cancel only.	Validate data entry. If previous status was Active, it can only be changed to Cancel.
EFT Status (Detail)	Combo Box	1	EFT Status is required.	Select an EFT status.
EFT Status (Detail)	Combo Box	2	Can not change status to Active.	Validate data entry. If previous status was Cancelled or Interrupt, then status can not be changed to Active.
End Date (Detail)	Field	1	End Date is required.	Validate data entry. Enter the appropriate end date.
End Date (Detail)	Field	4	End Date can not be 12/31/2299 for canceled status.	Please enter the correct end date for this segment.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Validate data entry. Correct the effective or end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Correct segment. EFT segments have overlapping dates.

**2.7.54.8 Associated Requirements**

ID
30.090.003.002.13
30.090.003.002.17

ID
30.090.003.002.33

**2.7.54.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.55 PANEL: Provider Customary Charge

### 2.7.55.1 Description

Use the Provider Customary Charge panel to maintain the Usual Customary Charge (UCC) rates.

Navigation Path: [Provider - Search] - [select row from search results] - [Customary Charge]

### 2.7.55.2 Technical Name

Prov.ProviderCustomaryCharge

### 2.7.55.3 Panel Name

CusCharge

### 2.7.55.4 Provider Customary Charge Layout

Customary Charge									
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	UCC Rate	Rate Type	Effective Date	End Date	Inactive Date
0003T	1	56	62	22	\$3,242.00	Early Intervention	01/01/1900	12/31/2299	03/03/2008
0003T	21	22	1	24	\$234.00	Assistant Surgery	01/01/1900	12/31/2299	02/02/2009
0004F	25	1	26	24	\$34.00	MH Pub Child	01/01/1900	12/31/2299	02/02/2009
0005F	26	24	25	26	\$2,345.00	Default	01/01/1900	12/31/2299	02/02/2007
0005T	21	22	23	26	\$0.00	Default	01/01/1900	12/31/2299	02/02/2009
0005T	21	22	23	24	\$2,341.00	Dummy rate type	01/01/1900	12/31/2299	03/03/2005

Type changes below.

<b>Procedure*</b> 0005F [ Search ] <b>Modifier 1</b> 26 [ Search ] <b>Modifier 2</b> 24 [ Search ] <b>Modifier 3</b> 25 [ Search ] <b>Modifier 4</b> 26 [ Search ]	<b>Effective Date*</b> 01/01/1900 <b>End Date*</b> 12/31/2299 <b>Inactive Date*</b> 02/02/2007 <b>UCC Rate*</b> \$2,345.00 <b>Rate Type*</b> Default
--	--

[add](#)

### 2.7.55.5 Extra Features

This panel has no extra features.

**2.7.55.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	This is the effective date.	Field	Date (MMDDCCYY)	8	T_REF_UCC	DTE_EFFECTIVE
End Date	This is the end date.	Field	Date (MMDDCCYY)	8	T_REF_UCC	DTE_END
Inactive Date	Date the segment is no longer active.	Field	Number	8	T_REF_UCC	DTE_INACTIVE
Modifier 1	First modifier code	Field	Character	2	T_REF_UCC	CDE_PROC_MOD
Modifier 2	Second modifier code	Field	Character	2	T_REF_UCC	CDE_MODIFIER_2
Modifier 3	Third modifier code	Field	Character	2	T_REF_UCC	CDE_MODIFIER_3
Modifier 4	Fourth modifier code	Field	Character	2	T_REF_UCC	CDE_MODIFIER_4
Procedure	Procedure Code	Field	Character	5	T_REF_UCC	SAK_PROCEDURE
Rate Type	Identifies the rate type defined in the Reference reimbursement rules and used to determine provider payment.	Field	Drop Down List Box	0	T_REF_UCC	CDE_RATE_TYPE
UCC Rate	Usual and customary rate	Field	Number	9	T_REF_UCC	NUM_UCC_RATE

**2.7.55.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same procedure code and modifier (if applicable) where the status code is Active.
End Date	Field	1	End Date is required.	Enter an end date.
End Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same procedure code and modifier (if applicable) where the status code is Active.
Inactive Date	Field	1	Status is required.	Choose a status.
Modifier 1	Field	21	Modifier is not valid.	Search for or enter a valid modifier.
Procedure	Field	29	A valid Procedure is required.	Search for or enter a valid procedure code.
UCC Rate	Field	15	UCC Rate must be greater than or equal to 0.01.	Verify data entry. UCC Rate must be greater than zero.
UCC Rate	Field	16	UCC Rate must be less than or equal to 9999.99.	Verify data entry. UCC Rate must be less than or equal to \$9,999.99.

**2.7.55.8 Associated Requirements**

ID
30.090.003.002.13
30.090.003.002.18
30.090.003.002.2
30.090.003.003.13
30.090.006.002.8

ID
30.090.007.002.41

**2.7.55.9 CO / Defects**

ID	Type	Name	Description	Current Status
1921	Change Order	Core 9703 T_REF_UCC 2	See Core CO 9703 all documentation will be updated on this CO  Add rate type to table T_REF_UCC to support the reimbursement rules assignment.	Prod Implemented

## 2.7.56 PANEL: Provider SURS Specialty

### 2.7.56.1 Description

Use the Provider SURS Specialty panel to maintain the provider specialty code to report under in SUR. If none is entered then SUR uses the regular provider specialty.

Navigation Path: [Provider - Search] - [select row from search results] - [SURS Specialty]

### 2.7.56.2 Technical Name

Prov.ProviderSURSSpecialty.ascx

### 2.7.56.3 Panel Name

SURSSpe

### 2.7.56.4 Provider SURS Specialty Layout

The screenshot shows a web application window titled "SURS Specialty". It contains a table with the following data:

Specialty	Effective Date	End Date
A Rehabilitation	01/01/1900	12/31/2299

Below the table, there is a text prompt: "Type data below for new record." followed by a form with the following fields:

- Specialty\*: Rehabilitation
- Effective Date\*: 01/01/1900
- End Date\*: 12/31/2299

There is a search button labeled "[ Search ]" and an "add" button at the bottom right.

### 2.7.56.5 Extra Features

This panel has no extra features.

### 2.7.56.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date for SURS specialty.	Field	Date (MMDDCCYY)	8	T_PR_SURS_SPEC	DTE_EFFECTIVE
Effective Date (List)	Effective date for SURS specialty.	Field	Date (MMDDCCYY)	8	T_PR_SURS_SPEC	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (Detail)	End date for SURS specialty.	Field	Date (MMDDCCYY)	8	T_PR_SURS_SPEC	DTE_END
End Date (List)	End date for SURS specialty.	Field	Date (MMDDCCYY)	8	T_PR_SURS_SPEC	DTE_END
Specialty (Detail)	Provider SURS specialty.	Field	Character	3	T_PR_SURS_SPEC	CDE_PROV_SPEC
Specialty (List)	Provider SURS specialty.	Field	Character	3	T_PR_SURS_SPEC	CDE_PROV_SPEC

**2.7.56.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Validate data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Validate data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	105	The fields EffectiveDate and EndDate from row A cannot overlap with row B.	Verify data entry. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
Specialty (Detail)	Field	29	A valid Specialty is required	Choose a specialty.

**2.7.56.8 Associated Requirements**

ID
No associated requirements found.

**2.7.56.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.57 PANEL: Provider Disproportionate Share Rate

### 2.7.57.1 Description

The Provider Disproportionate Share Rate panel provides information regarding expenditures that were automatically generated by the system to meet the disproportionate share payment.

Navigation Path: [Provider - Search] - [select row from search results] - [Disproportionate Share Rate]

### 2.7.57.2 Technical Name

Prov.ProviderDisproportionateShareRate.ascx

### 2.7.57.3 Panel Name

DisShRate

### 2.7.57.4 Provider Disproportionate Share Rate Layout

### 2.7.57.5 Extra Features

This panel has no extra features.

### 2.7.57.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of the disproportionate share percentage.	Field	Date (CCYYMMDD)	8	T_DISP_SHARE	DTE_EFFECTIVE
Effective Date (List)	Effective date of the disproportionate share percentage.	Field	Date (CCYYMMDD)	8	T_DISP_SHARE	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (Detail)	End date of the disproportionate share percentage.	Field	Date (CCYYMMDD)	8	T_DISP_SHARE	DTE_END
End Date (List)	End date of the disproportionate share percentage.	Field	Date (CCYYMMDD)	8	T_DISP_SHARE	DTE_END
Percentage Disproportionate Share (Detail)	Disproportionate share in percentage with four decimals.	Field	Number	5	T_DISP_SHARE	PCT_DISP_SHARE
Percentage Disproportionate Share (List)	Disproportionate share in percentage with four decimals.	Field	Number	5	T_DISP_SHARE	PCT_DISP_SHARE
Rate Type (Detail)	Rate type.	Field	Drop Down List Box	0	T_DISP_SHARE	CDE_RATE_TYPE
Rate Type (List)	Rate type.	Field	Character	20	T_DISP_SHARE	CDE_RATE_TYPE

**2.7.57.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	4	Effective Date must be greater than 1/1/1900.	Verify data entry. Enter an effective date greater than 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same rate code.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	4	End Date must be greater than 1/1/1900.	Verify data entry. Enter an effective date greater than 1/1/1900.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same rate code.
Percentage Disproportionate Share (Detail)	Field	14	Percentage Disproportionate Share is only allowed to have 2 decimal places.	Verify data entry. The percentage can not have more than two decimal places.
Percentage Disproportionate Share (Detail)	Field	15	Percentage Disproportionate Share must be greater than or equal to 00.01.	Verify data entry. The percentage must be greater than zero.
Percentage Disproportionate Share (Detail)	Field	16	Percentage Disproportionate Share must be less than or equal to 999.9900.	Verify data entry. The percentage can not exceed 999.99%.
Rate Type (Detail)	Field	1	Rate Type is required.	Choose a rate type.

**2.7.57.8 Associated Requirements**

ID
30.090.003.003.13
30.090.007.002.41

**2.7.57.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.58 PANEL: Provider Dispensing Fee

### 2.7.58.1 Description

Use the Provider Dispensing Fee Adjustment panel to maintain dispensing fees. These fees are added to the regular paid amount.

The specialty list contains "No Specialty Codes Available" unless the provider has one, or more, of the specialty codes listed on the Reference Dispensing Fee panel.

Navigation Path: [Provider - Search] - [select row from search results] - [Dispensing Fee]

### 2.7.58.2 Technical Name

Prov.ProviderDispensingFee.ascx

### 2.7.58.3 Panel Name

DisFee

### 2.7.58.4 Provider Dispensing Fee Layout

**Dispensing Fee** [Top Nav ? A ↕ X]

Specialty	Financial Payer	Effective Date	End Date	Amount	Drug Type	Ingredients From	Ingredients To
240 Pharmacy	ALL plans	01/01/1996	12/31/2299	\$45.00	Generic	1	25

Type changes below.

Specialty\* 240 Pharmacy  
 Financial Payer\* ALL plans  
 Effective Date\* 01/01/1996  
 End Date\* 12/31/2299  
 Amount\* \$45.00  
 Drug Type\* Generic  
 Ingredients From\* 1  
 Ingredients To\* 25

[add]

### 2.7.58.5 Extra Features

This panel has no extra features.

### 2.7.58.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Drug Type (Detail)	Indicates Generic\Branded\Either to have varying dispensing fee.	Combo Box	Drop Down List Box	1	T_PR_DISP_FEE	IND_DRUG_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Financial Payer (Detail)	Financial payer.	Combo Box	Drop Down List Box	1	T_PR_DISP_FEE	SAK_FIN_PAYER
Specialty (Detail)	Specialty code plus a short description of the code.	Combo Box	Drop Down List Box	50	T_PR_DISP_FEE	CDE_PROV_SPEC
AMOUNT (Detail)	Amount allowed for the dispensing of prescription medications.	Field	Number	10	T_PR_DISP_FEE	AMT_NDC_PROFEE
Amount (List)	Amount allowed for the dispensing of prescription medications.	Field	Number	10	T_PR_DISP_FEE	AMT_NDC_PROFEE
Drug Type (List)	Indicates Generic\Branded\Either to have varying dispensing fee.	Field	Character	15	T_PR_DISP_FEE	IND_DRUG_TYPE
Effective Date (Detail)	Date the dispensing fee becomes effective for this specialty.	Field	Date (CCYYMMDD)	8	T_PR_DISP_FEE	DTE_EFFECTIVE
Effective Date (List)	Date the dispensing fee becomes effective for this specialty.	Field	Date (CCYYMMDD)	8	T_PR_DISP_FEE	DTE_EFFECTIVE
End Date (Detail)	Date a dispensing fee is no longer valid for the specialty.	Field	Date (CCYYMMDD)	8	T_PR_DISP_FEE	DTE_END
End Date (List)	Date a dispensing fee is no longer valid for the specialty.	Field	Date (CCYYMMDD)	8	T_PR_DISP_FEE	DTE_END
Financial Payer (List)	Financial payer.	Field	Character	1	T_PR_DISP_FEE	SAK_FIN_PAYER
Ingredients Range (From) (Detail)	Ingredients from range (1-9999) are to allow for compounds to pay varying based on the number of unique ingredients in the compound.	Field	Number	4	T_PR_DISP_FEE	NUM_INGRED_FROM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Ingredients Range (From) (List)	Ingredients from range (1-9999) are to allow for compounds to pay varying based on the number of unique ingredients in the compound.	Field	Number	4	T_PR_DISP_FEE	NUM_INGRED_FROM
Ingredients Range (To) (List)	Ingredients to range (1-9999) are to allow for compounds to pay varying based on the number of unique ingredients in the compound.	Field	Number	4	T_PR_DISP_FEE	NUM_INGRED_TO
Ingredients Range (To) (Detail)	Ingredients to range (1-9999) are to allow for compounds to pay varying based on the number of unique ingredients in the compound.	Field	Number	4	T_PR_DISP_FEE	NUM_INGRED_TO
Specialty (List)	Specialty code plus a short description of the code.	Field	Character	50	T_PR_DISP_FEE	CDE_PROV_SPEC

**2.7.58.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
AMOUNT (Detail)	Field	1	Amount is required.	Verify data entry. Enter the amount.
AMOUNT (Detail)	Field	16	Amount must be greater than or equal to 0.01.	Verify data entry. Enter an amount greater than or equal to \$0.01.
Effective Date (Detail)	Field	1	Effective Date is required.	Verify data entry. Entry is required.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments cannot overlap for the same specialty code and financial payer.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	1	End Date is required.	Verify data entry. Entry is required.
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Dates can not overlap for the same specialty code and financial payer.
Financial Payer (Detail)	Combo Box	1	Financial Payer is required.	Verify data entry. Select a financial payer.
Ingredients Range (From) (Detail)	Field	0	Ingredients From must be less than or equal to Ingredients To.	Verify data entry. Enter From Range must be greater than or equal to Range.
Ingredients Range (From) (Detail)	Field	15	Ingredients To must be greater than or equal to 1.	Verify data entry. Ingredients should be greater than or equal to 1.
Ingredients Range (From) (Detail)	Field	16	Ingredients From must be less than or equal to 9999.	Verify data entry. Ingredients should be less than or equal to 9999.
Ingredients Range (From) (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty and financial payer.
Ingredients Range (To) (Detail)	Field	0	Ingredients From must be less than or equal to Ingredients To.	Verify data entry. Enter From Range must be greater than or equal to To Range.
Ingredients Range (To) (Detail)	Field	15	Ingredients To must be greater than or equal to 1.	Verify data entry. Ingredients should be greater than or equal to 1.
Ingredients Range (To) (Detail)	Field	16	Ingredients To must be less than or equal to 9999.	Verify data entry. Ingredients should be less than or equal to 9999.

Field	Field Type	Error Code	Error Message	To Correct
Ingredients Range (To) (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty and financial payer.
Specialty (Detail)	Combo Box	1	Specialty is required.	Verify data entry. Specialty field is required.
Specialty (Detail)	Combo Box	100	Not a valid Dispensing Fee Specialty.	Verify data entry. The specialty selected is not a valid specialty for this provider. Review the specialties on file for this provider.

**2.7.58.8 Associated Requirements**

ID
30.090.003.003.13

**2.7.58.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.59 PANEL: Provider Type and Specialty

### 2.7.59.1 Description

Use the Provider Type and Specialty panel to maintain provider type and specialty information by service location.

Navigation Path: [Provider - Search] - [select row from search results] - [Type and Specialty]

### 2.7.59.2 Technical Name

Prov.ProviderTypeandSpecialty.ascx

### 2.7.59.3 Panel Name

TypSpe

### 2.7.59.4 Provider Type and Specialty Layout

» Type and Specialty

Top Nav ? A ^ X

Provider Type 31 [ Search ]

Type Description Primary Care

Primary	Provider Specialty	Specialty Description	Taxonomy	Effective Date	End Date
Yes	082	Medical Clinic	261QP2300X	01/20/2005	06/30/2005

Type changes below.

☒ **Primary: Provider Specialty** 082 [ Search ]

**Specialty Description** Medical Clinic

**Taxonomy** 261QP2300X

**Taxonomy Description** Clinic/Center - Primary Care

**Effective Date\*** 01/20/2005

**End Date\*** 06/30/2005

**Healthcare Indicator** Yes

add

### 2.7.59.5 Extra Features

This panel has no extra features.

**2.7.59.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_EFFECTIVE
Effective Date (List)	Effective date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_EFFECTIVE
End Date (Detail)	End date of the provider specialty.	Field	Date (CCYYMMDD)	8	T_PR_SPEC	DTE_END
End Date (List)	End date of the provider specialty.	Field	Date (MMDDCCYY)	8	T_PR_SPEC	DTE_END
Healthcare Indicator (Detail)	Indicates if the provider type and specialty combination is for a healthcare provider, thus requiring an NPI.	Field	Drop Down List Box	0	T_PR_TYPE_SPEC	IND_HEALTHCARE
Primary Specialty (Detail)	Provider's primary scope of practice (if more than one).	Field	Check Box	1	T_PR_TYPE	CDE_PROV_SPEC_PRIMARY
Primary Specialty (List)	Provider's primary scope of practice (if more than one).	Field	Character	3	T_PR_TYPE	CDE_PROV_SPEC_PRIMARY
Provider Specialty (Detail)	Provider's scope of practice.	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Provider Specialty (List)	Provider's scope of practice.	Field	Character	3	T_PR_SPEC	CDE_PROV_SPEC
Provider Type	Provider's type (license or certification).	Field	Character	2	T_PR_SPEC	CDE_PROV_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Specialty Description (Detail)	Written description of provider's specialty.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Specialty Description (List)	Written description of provider's specialty.	Field	Character	20	T_PR_SPEC_CDE	DSC_PROV_SPEC
Taxonomy Description	Description of Provider taxonomy code.	Field	Character	50	T_PR_TAXONOMY_CDE	DSC_TAXONOMY
Taxonomy (Detail)	Provider taxonomy code.	Field	Character	10	T_PR_TYPE_SPEC	CDE_TAXONOMY
Taxonomy (List)	Provider taxonomy code.	Field	Character	10	T_PR_TYPE_SPEC	CDE_TAXONOMY
Type Description	Written description of provider's type.	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE

**2.7.59.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	4	Effective Date must be greater than 1/1/1900.	Enter an effective date greater than the 1/1/1900 default date.
Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be before the end date.
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty code.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be before the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same specialty code.
Primary Specialty (Detail)	Field	100	Select one Provider Specialty as Primary.	Verify data entry. Select one primary specialty checkbox.
Provider Specialty (Detail)	Field	100	Provider Type and Provider Specialty combination is invalid.	Verify data entry. The chosen specialty is not valid for this provider type.

**2.7.59.8 Associated Requirements**

ID
30.050.003.001.23
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13
30.090.003.002.25
30.090.003.002.29

**2.7.59.9 CO / Defects**

ID	Type	Name	Description	Current Status
1558	Change Order	Provider Type License Remove	Remove the License number field from the Provider Type and Specialty panel.	Prod Implemented

ID	Type	Name	Description	Current Status
187	Change Order	Crosswalk Types and Specialties	Incorporate Legacy Provider Types into interChange.  Legacy Specialty codes will need to be incorporated into iC codes using the iC specialty code.	Prod Implemented

## 2.7.60 PANEL: Supervising Physician

### 2.7.60.1 Description

Authorized users use the Supervising Physicians panel to view or update physician assistant/supervisor relationships. The panel shows a list of all providers that are designated as physicians (or supervisors) the physician assistants (type 95) may assist. Claims editing uses this relationship to verify the assistant listed on the claim detail can assist the provider (supervisor) listed in the claim header. Physician assistants are paid at a different rate than physicians.

Navigation Path: [Provider - Search] - [select row from search results] - [Supervising Physician]

### 2.7.60.2 Technical Name

Prov.AssistedPhysicians.ascx

### 2.7.60.3 Panel Name

Prov.AsstPhys

### 2.7.60.4 Supervising Physician Layout

The screenshot shows a web application window titled "Supervising Physician". It contains a table with the following data:

Physician Number	Physician Name	Effective Date	End Date
1000000010	NPI DALLES, MICKEY A	05/31/2006	12/31/2299

Below the table, there is a section titled "Type changes below." with a form to add a new relationship. The form includes the following fields:

- Physician Number: 1000000010
- NPI [ Search ]
- Effective Date\*: 05/31/2006
- End Date\*: 12/31/2299
- Physician Name: DALLES, MICKEY A
- An "add" button.

### 2.7.60.5 Extra Features

This panel has no extra features.

### 2.7.60.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Physician assistant relationship effective date.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_EFFECTIVE
Effective Date (List)	Physician assistant relationship effective date.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_EFFECTIVE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (Detail)	End date of physician assistant relationship.	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_END
End Date (List)	End date of physician assistant relationship...	Field	Date (MMDDCCYY)	8	T_PR_PHYS_ASST	DTE_END
Physician Name (Detail)	The name of the physician.	Field	Character	50	T_PR_NAM	NAME
Physician Name (List)	The name of the physician.	Field	Character	50	T_PR_NAM	NAME
Physician Number (Detail)	Physician's provider ID number.	Field	Character	9	T_PR_PROV	ID_PROVIDER
Physician Number (List)	Physician's provider ID number.	Field	Character	9	T_PR_PROV	ID_PROVIDER

**2.7.60.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.60.8 Associated Requirements**

ID
No associated requirements found.

**2.7.60.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
1585	Change Order	Prov Phys Asst Panel	<p>There is a business need in Kentucky to store a relationship between the physician (provider) and their assistants. KY pricing logic will price details with a U1 procedure code at 75% the regular rate. Claims have created edit 247 to ensure that the relationship between the assistant and the physician is valid.</p> <p>Create two new panels to show this relationship:</p> <ol style="list-style-type: none"><li>1. Physician Assistants panel will show the assistants assigned to this physician; and</li><li>2. Assisted Physicians panel will show the physicians assigned to this assistant.</li></ol>	Prod Implemented
3357	Change Order	REL2 - Assistant panel name chg	<p>Change the Provider Maintenance menu and Assistant panels to rename them.</p> <p>Change Assistant to Physician Assistant</p> <p>Change Assisted Physician to Supervising Physician</p> <p>The PWB contains the most current panel layouts.</p>	Prod Implemented

## 2.7.61 PANEL: Provider Contract Rate

### 2.7.61.1 Description

Use the Provider Contract Rate panel to maintain provider-specific contracted percentage-of-charge rates. This is most often used for out-of-state organ transplants. The rate is for a specific billing provider, member, and date of service.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider Contract Rate]

### 2.7.61.2 Technical Name

Prov.ProviderContractRatePanel.ascx

### 2.7.61.3 Panel Name

PrContractRate

### 2.7.61.4 Provider Contract Rate Layout

Provider Contract Rate						Top	Nav	?	A	↑	×
Member ID	Member Name	Percent Contract Rate	Claim Type	First Date Service	End Date Service						
000001110	HACKER, ALBERT	22%	UB92 INST XOVER CLAIMS	01/01/1900	12/31/2299						
000001111	STIGALL, CLYDE	20%	OUTPATIENT CLAIMS	01/01/1900	12/31/2299						
000001111	STIGALL, CLYDE	0%	LONG TERM CARE CLAIMS	01/01/1900	12/31/2299						
000001260	THOMAS, TIM	20%	UB92 OUTP XOVER CLAIMS	01/01/1900	12/31/2299						
000001262	GARRETT, MIKE	22%	INPATIENT CLAIMS	01/01/1900	12/31/2299						

Type changes below.

Member ID*	000001262	[ Search ]		
Member Name	GARRETT, MIKE			
Percent Contract Rate*	22%		First Date Service*	01/01/1900
Claim Type*	INPATIENT CLAIMS	▼ ⓘ	End Date Service*	12/31/2299
				<input type="button" value="add"/>

### 2.7.61.5 Extra Features

This panel has no extra features.

**2.7.61.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type	The type of claim this rate applies to; valid values are Inpatient and Outpatient.	Field	Drop Down List Box	1	T_PR_CONTRACT_RATE	CDE_CLM_TYPE
End Date Service	The last date of service that this rate applies.	Field	Date (MM/DD/CCYY)	8	T_PR_CONTRACT_RATE	DTE_LAST_SVC
First Date Service	The first date of service that this rate applies.	Field	Date (MM/DD/CCYY)	8	T_PR_CONTRACT_RATE	DTE_FIRST_SVC
Member ID	The Medicaid number of the member to whom this rate applies.	Field	Character	10	T_RE_BASE	ID_MEDICAID
Member Name	Name of the member.	Field	Character	31	T_RE_BASE	NAM_LAST, NAM_FIRST
Percent Contract Rate	The percentage amount for this claim that has been contracted by the Commonwealth with the provider of the services.	Field	Number	6	T_PR_CONTRACT_RATE	PCT_CONTRACT_RATE

**2.7.61.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.61.8 Associated Requirements**

<b>ID</b>
30.090.003.002.13
30.090.003.002.18

ID
30.090.003.002.2
30.090.003.002.27A
30.090.003.003.13
30.090.003.003.19
30.090.006.002.8
30.090.007.002.41
30.090.009.002.22

**2.7.61.9 CO / Defects**

ID	Type	Name	Description	Current Status
2693	Change Order	KY UI Provider Contract Panel	There are situations when the Commonwealth chooses to price institutional claims by a percentage of billed charges. The percentage is assigned based on the combination of member ID, billing provider ID, and claim service dates. This is often used for out-of-state organ transplant claims.	Prod Implemented

## 2.7.62 PANEL: Provider Contract

### 2.7.62.1 Description

Use the Provider Contract panel to maintain provider contract enrollment information.

Navigation Path: [Provider - Search] - [select row from search results] - [Contract]

### 2.7.62.2 Technical Name

Prov.ProviderProgramEligibility.ascx

### 2.7.62.3 Panel Name

ProEligi

### 2.7.62.4 Provider Contract Layout

The screenshot shows a web application window titled "Contract". At the top, there is a table with the following columns: Contract, Financial Payer, Effective Date, End Date, Inactive Date, and End Reason. The data row shows: Medicaid, DEFAULT, 02/15/2000, 02/15/2015, 12/31/2299, and Incorrect Pr Number. Below the table, there is a form with the same fields. The "Contract\*" field is a dropdown menu with "Medicaid" selected. The "Financial Payer" field is a dropdown menu with "DEFAULT" selected. The "Effective Date\*" field is a text box with "02/15/2000". The "End Date\*" field is a text box with "02/15/2015". The "Inactive Date\*" field is a text box with "12/31/2299". The "End Reason\*" field is a dropdown menu with "Incorrect Pr Number" selected. There is an "add" button at the bottom right. A message "Type changes below." is displayed on the right side of the form.

### 2.7.62.5 Extra Features

This panel has no extra features.

### 2.7.62.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Contract	Name of the contract in which the provider is or has been enrolled.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	SAK_PROV_PGM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date	Effective date of enrollment for the chosen contract.	Field	Date (MMDDCCYY)	8	T_PR_PHP_ELIG	DTE_EFFECTIVE
End Date	Date enrollment was terminated for the chosen contract.	Field	Date (MMDDCCYY)	8	T_PR_PHP_ELIG	DTE_END
End Reason	Reason an end date is entered for this contract.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
Financial Payer	Financial payer.	Field	Drop Down List Box	0	T_PR_PHP_ELIG	SAK_FIN_PAYER
Inactive Date	Date this contract row is no longer active. No claims submitted after this date will be processed against this contract regardless of the dates of service.	Field	Date (MM/DD/CCYY)	8	T_PR_PHP_ELIG	DTE_INACTIVE

**2.7.62.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Contract	Field	1	A valid Program is required.	Select a program.
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
Effective Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Date	Field	0	End Date of '12/31/2299' must have 'Active' Status.	End Date of 12/31/2299 must have an active status.
End Date	Field	1	End Date is required.	Enter an end date.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	3	IF 'Deceased', all End Dates should be equal.	Verify that all end dates are the equal to the deceased date.
End Date	Field	4	End Date may not be greater than Deceased Date.	Verify that no end dates are greater than the deceased date.
End Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
End Date	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same program.
End Reason	Field	1	A valid End Reason is required.	Select an end reason.
End Reason	Field	2	'Active' Status must have End Date of '12/31/2299'.	If the status is active, the end date must be 12/31/2299.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a program. The financial payer will automatically populate depending on the program value chosen.

**2.7.62.8 Associated Requirements**

ID
30.090.002.002.4
30.090.003.002.12
30.090.003.002.13
30.090.003.002.2
30.090.003.002.20
30.090.003.002.24
30.090.003.002.29

ID
30.090.003.003.9

**2.7.62.9 CO / Defects**

ID	Type	Name	Description	Current Status
21	Change Order	Provider Status Codes	Update status code table to reflect Commonwealth values. Sample status codes are as follows: Application pending; Limited time-span enrollment; License suspended; Terminated (voluntary/involuntary); Deceased; License revoked; Terminated by Medicare; and Terminated by Medicaid.	Prod Implemented

## 2.7.63 PANEL: Provider Restricted Service

### 2.7.63.1 Description

Use the Provider Restricted Service panel to maintain indicators to restrict the types of services a provider is allowed to perform. The Include/Exclude indicator is used to "lock in" or "lock out" a provider from the services indicated. The restriction types available are procedure code, revenue code, and NDC.

Navigation Path: [Provider - Search] - [select row from search results] - [Restricted Services]

### 2.7.63.2 Technical Name

Prov.ProviderRestrictedService.ascx

### 2.7.63.3 Panel Name

ResSer

### 2.7.63.4 Provider Restricted Service Layout

» Restricted Service											Top	Nav	?	A	⌵
Status	Effective Date	End Date	Claim Type	POS	Review Type	Review Reason	Include/Exclude	Restrict	Low Code	High Code	Modifier				
A	Active	01/01/1900	12/31/2299	I INPATIENT CLAIMS	I OIG Review (Inspector General)	1 State placed review	Include	Proc	99213	99218					

Type data below for new record.

<b>Status*</b> Active <input type="button" value="v"/> <b>Effective Date*</b> 01/01/1900 <b>End Date*</b> 12/31/2299 <b>Claim Type</b> I INPATIENT CLAIMS <input type="button" value="i"/> <b>POS</b> 24 Ambulatory Surgical Center <input type="button" value="v"/> <b>Review Type*</b> I OIG Review (Inspector General) <input type="button" value="v"/> <b>County</b> Bourbon <input type="button" value="v"/> <b>Gender</b> N/A <input type="button" value="v"/>	<b>Include/Exclude*</b> Include <input type="button" value="v"/> <b>Restrict</b> Proc <input type="button" value="v"/> <b>Low Code</b> 99213 [ Search ] <input type="button" value="i"/> <b>High Code</b> 99218 [ Search ] <input type="button" value="i"/> <b>Modifier</b> [ Search ] <b>Review Reason*</b> 1 State placed review <input type="button" value="v"/> <b>Age From</b> 0 <b>Age To</b> 0
---	--

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### 2.7.63.5 Extra Features

This panel has no extra features.

**2.7.63.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type (Detail)	Claim type information.	Field	Drop Down List Box	0	T_PR_RST_SVC	CDE_CLM_TYPE
Claim Type (List)	Claim type information.	Field	Character	3	T_PR_RST_SVC	CDE_CLM_TYPE
Effective Date (Detail)	Effective date of the restriction.	Field	Date (MMDDCCYY)	8	T_PR_RST_SVC	DTE_EFFECTIVE
Effective Date (List)	Effective date of the restriction.	Field	Date (MMDDCCYY)	8	T_PR_RST_SVC	DTE_EFFECTIVE
End Date (Detail)	End date of restriction.	Field	Date (MMDDCCYY)	8	T_PR_RST_SVC	DTE_END
End Date (List)	End date of restriction.	Field	Date (MMDDCCYY)	8	T_PR_RST_SVC	DTE_END
High Code (Detail)	The highest number in a sequential range of codes.	Field	Character	11	T_PR_RST_SVC	CDE_RANGE_HI
High Code (List)	The highest number in a sequential range of codes.	Field	Character	11	T_PR_RST_SVC	CDE_RANGE_HI
Include/Exclude (Detail)	Indicates whether the restriction is inclusive to the code displayed, or exclusive of the code displayed with valid values to include inclusive or exclusive.	Field	Drop Down List Box	1	T_PR_RST_SVC	IND_IN_EXCLUDE
Include/Exclude (List)	Indicates whether the restriction is inclusive to the code displayed, or exclusive of the code displayed with valid values to include inclusive or exclusive.	Field	Character	15	T_PR_RST_SVC	IND_IN_EXCLUDE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Low Code (Detail)	The lowest number in a sequential range of restricted codes.	Field	Character	11	T_PR_RST_SVC	CDE_RANGE_LOW
Low Code (List)	The lowest number in a sequential range of restricted codes.	Field	Character	11	T_PR_RST_SVC	CDE_RANGE_LOW
Modifier (Detail)	Procedure code modifiers (if applicable).	Field	Character	2	T_PR_RST_SVC	CDE_PROC_MOD
Modifier (List)	Procedure code modifiers (if applicable).	Field	Character	2	T_PR_RST_SVC	CDE_PROC_MOD
POS (Detail)	The provider's place of service.	Field	Drop Down List Box	0	T_PR_RST_SVC	CDE_POS
POS (List)	The provider's place of service.	Field	Character	2	T_PR_RST_SVC	CDE_POS
Restrict (Detail)	Type of code pertaining to this restriction such as procedure code, NDC, and Revenue code.	Field	Drop Down List Box	0	T_PR_RST_SVC	CDE_RST_TYPE
Restrict (List)	Type of code pertaining to this restriction such as procedure code, NDC, and Revenue code.	Field	Character	15	T_PR_RST_SVC	CDE_RST_TYPE
Review Reason (Detail)	Indicates the reason for placing a provider on review. Review Reasons are added and maintained via the Review Reason code panel.	Field	Drop Down List Box	0	T_PR_RST_SVC	CDE_REVIEW_REASON
Review Reason (List)	Indicates the reason for placing a provider on review. Review Reasons are added and maintained via the Review Reason code panel.	Field	Character	20	T_PR_RST_SVC	CDE_REVIEW_REASON

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Review Type (Detail)	Indicates the category of review that the provider has been placed on. Review Types are added and maintained via the Review Type code panel.	Field	Drop Down List Box	0	T_PR_RST_SVCCDE_REVIEW_TYPE	
Review Type (List)	Indicates the category of review that the provider has been placed on. Review Types are added and maintained via the Review Type code panel.	Field	Character	20	T_PR_RST_SVCCDE_REVIEW_TYPE	
Status (Detail)	Status of the restriction. Valid values to include: A - Active, I - Inactive.	Field	Drop Down List Box	0	T_PR_RST_SVCCDE_STATUS1	
Status (List)	Status of the restriction. Valid values to include: A - Active, I - Inactive.	Field	Character	20	T_PR_RST_SVCCDE_STATUS1	

**2.7.63.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Claim Type (Detail)	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a claim type, place of service, or restriction type with low and high code must be entered.
Effective Date (Detail)	Field	1	Effective Date is required.	Enter an effective date.
Effective Date (Detail)	Field	15	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. The effective date must be greater than 1/1/1900.
Effective Date (Detail)	Field	16	Effective Date [A] must be less than or equal to End Date [B].	Verify data entry. The effective date must be greater than or equal to the end date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same restriction type, high and low codes, modifier, claim type, place of service, and include/exclude indicator where the status is equal to active.
End Date (Detail)	Field	1	End Date is required.	Enter an end date.
End Date (Detail)	Field	15	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. The effective date must be greater than or equal to 1/1/1900.
End Date (Detail)	Field	16	Effective Date [A] must be less than or equal to End Date [B].	Verify data entry. The effective date must be greater than or equal to the end date.
End Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap for the same restriction type, high and low codes, modifier, claim type, place of service, and include/exclude indicator where the status is equal to active.
High Code (Detail)	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a claim type, place of service, or restriction type with low and high code must be entered.
High Code (Detail)	Field	5000	The Low Code must be less than or equal to the High Code.	Verify data entry. The low code must be less than or equal to the high code.
High Code (Detail)	Field	5001	The GCN High Code must be a number.	Verify data entry. If GCN restriction type is chosen, the high code must be numeric.
High Code (Detail)	Field	5002	The Rev High Code must be a number.	Verify data entry. If Rev restriction type is chosen, the high code must be numeric.
High Code (Detail)	Field	5003	High Code not on file.	Verify data entry. The high code does not exist for the restriction type chosen.

Field	Field Type	Error Code	Error Message	To Correct
Include/Exclude (Detail)	Field	1	Include/Exclude is required.	Choose include or exclude.
Low Code (Detail)	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a claim type, place of service, or restriction type with low and high code must be entered.
Low Code (Detail)	Field	5000	The Low Code must be less than or equal to the High Code.	Verify data entry. The low code must be less than or equal to the high code.
Low Code (Detail)	Field	5001	The GCN Low Code must be a number.	Verify data entry. If GCN restriction type is chosen, the low code must be numeric.
Low Code (Detail)	Field	5002	The Rev Low Code must be a number.	Verify data entry. If Rev restriction type is chosen, the low code must be numeric.
Low Code (Detail)	Field	5003	Low Code not on file.	Verify data entry. The low code entered is not valid for the restriction type chosen.
Modifier (Detail)	Field	5	Modifier is invalid for this Procedure.	Verify data entry. The modifier entered is not valid for the low code, high code, or both.
Modifier (Detail)	Field	5000	Modifier is not valid.	Verify data entry. The modifier entered is not valid.
POS (Detail)	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a claim type, place of service, or restriction type with low and high code must be entered.
Restrict (Detail)	Field	5000	Restrict is required for Low Code and High Code.	Verify data entry. A restriction type is required when a low and high code are entered.
Restrict (Detail)	Field	5001	Restrict is required for Low Code and High Code.	Verify data entry. A restriction type is required when a low and high code is entered. Chose a restriction type.
Status (Detail)	Field	1	Status is required.	Choose a status.

**2.7.63.8 Associated Requirements**

ID
30.090.003.002.13
30.090.003.002.14
30.090.003.002.25

**2.7.63.9 CO / Defects**

ID	Type	Name	Description	Current Status
142	Change Order	Prov Restricted Svcs	Add capability to the Provider Restricted Services panel to restrict services based upon age and gender. Also bring up the comments panel with the restricted service panel so that a comment can be entered when a restricted is added/updated. Age will be added to the Restrict code drop down list and then age range will be entered into the Low Code and High Code field.  Gender will be added as a separate drop down field. (male / female).	Prod Implemented

## 2.7.64 PANEL: Provider Disproportionate Share

### 2.7.64.1 Description

Use the Provider Disproportionate Share panel to maintain the disproportionate share payment information for a provider. Financial uses this information to make payment expenditures on a quarterly basis.

Navigation Path: [Provider - Search] - [select row from search results] - [Disproportionate Share]

### 2.7.64.2 Technical Name

Prov.ProviderDisproportionateShare.ascx

### 2.7.64.3 Panel Name

DisShar

### 2.7.64.4 Provider Disproportionate Share Layout

Disproportionate Share			
Year ▲	Share Amount	Quarterly Payment Estimate	Current Paid Amount
2004	\$100.00	\$25.00	\$0.00
2004	\$200.00	\$50.00	\$0.00
2004	\$300.00	\$75.00	\$0.00

-Disproportionate Share Data-

Select row above to view the data.

Year		Quarterly Payment Estimate	
Share Amount		Current Paid Amount	

delete add

-Expenditure Data-

The Expenditure data below is for the row selected above.

Expenditure Number ▲	Issue Date	Amount Paid	Payment Number
123456789	01/01/2001	\$100.00	100101
000000002	01/31/2002	\$100.00	100301
000000001	01/15/2001	\$100.00	100201
<b>Total</b>		<b>\$300.00</b>	

### 2.7.64.5 Extra Features

The Add button on the Disproportionate Share portion of the panel is used to set up a disproportionate payment and the request is saved on the T\_PR\_DISPRO\_PAY table.

A financial job runs, either quarterly or annually depending upon the customer's needs, and processes the requests on this table. As payments are generated rows are created on the financial table T\_EXPENDITURE and on the provider table T\_PR\_DISPRO\_EXPEND. The table T\_PR\_DISPRO\_EXPEND links the expenditures on T\_EXPENDITURE to the provider and designates it as disproportionate share payment.

The Expenditure Data portion of the panel links the T\_PR\_DISPRO\_EXPEND and T\_EXPENDITURE tables to list payment detail information.

#### 2.7.64.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Amount Paid	Amount Paid.	Field	Number	10	T_EXPENDITURE	AMT_PAID
Current Paid Amount (Detail)	Current Paid Amount.	Field	Number	10	T_EXPENDITURE	AMT_PAID
Current Paid Amount (List)	Current Paid Amount.	Field	Number	10	T_EXPENDITURE	AMT_PAID
Expenditure Number	Expenditure Number.	Field	Number	10	T_EXPENDITURE	SAK_EXPENDITURE
Issue Date	Issued Date.	Field	Date (MMDDCCYY)	8	T_EXPENDITURE	DTE_PAYMENT_ISSUE
Payment Number	Payment Number.	Field	Number	10	T_EXPENDITURE	SAK_CASH_RECEIPT
Quarterly Payment Estimate (Detail)	Quarterly Payment Estimate.	Field	Number	10	T_PR_DISPRO_PAY	AMT_DISPRO_PAY
Quarterly Payment Estimate (List)	Quarterly Payment Estimate.	Field	Number	10	T_PR_DISPRO_PAY	AMT_DISPRO_PAY
Share Amount (Detail)	Share Amount.	Field	Number	10	T_EXPENDITURE	AMT_STATE_SHARE
Share Amount (List)	Share Amount.	Field	Number	10	T_EXPENDITURE	AMT_STATE_SHARE
Year (Detail)	Year.	Field	Number	4	T_PR_DISPRO_PAY	DTE_YEAR
Year (List)	Year.	Field	Number	4	T_PR_DISPRO_PAY	DTE_YEAR

**2.7.64.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Share Amount (Detail)	Field	15	Share Amount must be greater than or equal to 0.01.	Verify data entry. Share amount must be greater than zero.
Share Amount (Detail)	Field	16	Share Amount must be less than or equal to 99999999.99.	Verify data entry. Share amount must be less than or equal to \$99,999,999.99.
Share Amount (Detail)	Field	5000	Share Amount must be greater than or equal to [A].	Verify data entry. The amount shown [A] has already been paid. The share amount can not be less than the amount paid.
Year (Detail)	Field	15	Year must be greater than or equal to [A].	Verify data entry. The year must be greater than or equal to the current year.
Year (Detail)	Field	17	Date segments can not overlap.	Verify data entry. The year can not overlap with an existing row.
Year (Detail)	Field	5000	Can not delete a record with payments.	A row can not be deleted that has associated payments. The delete was not successful.

**2.7.64.8 Associated Requirements**

ID
No associated requirements found.

**2.7.64.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.65 PANEL: Provider DRG Rate

### 2.7.65.1 Description

Use the Provider DRG Rate panel to maintain provider-specific Diagnosis Related Group rates.

Navigation Path: [Provider - Search] - [select row from search results] - [Provider DRG Rate]

Table: T\_PR\_DRG\_RATE

### 2.7.65.2 Technical Name

Prov.ProviderDrgRatePanel.ascx

### 2.7.65.3 Panel Name

DRG Rate

### 2.7.65.4 Provider DRG Rate Layout

Provider DRG Rate								Top	Nav	?	A	↕	X
DRG	Description	Base Rate	Cost Charge Rate	Rate Type	Effective Date	End Date	Inactive Date						
001	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	\$4.00	4%	MH Private	05/25/2006	12/31/2299	12/31/2000						
002	CRANIOTOMY FOR TRAUMA AGE > 17 and Ninja	\$33.00	3%	ACIL (TCM)	05/25/2006	12/31/2299	12/31/2009						
003	CRANIOTOMY AGE 0-17	\$22.00	22%	ACIL (TCM)	05/31/2006	12/31/2299	12/31/2299						
004	SPINAL PROCEDURES	\$55.00	55%	ARNP	06/01/2006	12/31/2299	12/31/2299						

Type changes below.

DRG*	003 [ Search ]	Effective Date*	05/31/2006
Description	CRANIOTOMY AGE 0-17	End Date*	12/31/2299
Base Rate*	\$22.00	Rate Type*	ACIL (TCM)
Cost Charge Rate*	22%	Capital Percentage*	6%
Capital Amount*	\$2.00	Education Percentage*	6%
Education Amount*	\$0.00	Cost outlier Percentage*	0%
Cost outlier Number*	\$2.00	Paid Percentage*	6%
Disproportionate Percentage*	2%	Inactive Date*	12/31/2299
Crosswalk DRG*	Yes		

delete add

### 2.7.65.5 Extra Features

This panel has no extra features.

**2.7.65.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a DRG Rate.	Button	N/A	0	N/A	N/A
Base Rate	Amount for the current Rate. Format 99999999.99.	Field	Number	10	T_PR_DRG_RATE	NUM_BASE_RATE
Capital Amount	This is the capital amount utilized to calculate the DRG base rate specific for a provider.	Field	Number	10	T_PR_DRG_RATE	AMT_CAPITAL
Capital Percentage	Capital percentage	Field	Number	7	T_PR_DRG_RATE	PCT_CAPITAL_MED_ED
Cost Charge Rate	Percentage to be charged. Format 999.99.	Field	Number	5	T_PR_DRG_RATE	CST_CHRG_RATE
Cost outlier Number	This is the outlier threshold. This cost is used in outlier payment determination.	Field	Number	11	T_PR_DRG_RATE	NUM_COST_OUTLIER
Cost outlier Percentage	Marginal Cost Percentage used to calculate price for cost outlier pricing. (Percent Cost)	Field	Number	7	T_PR_DRG_RATE	PCT_COST_OUTLIER
Crosswalk DRG	Crosswalk	Field	Drop Down List Box	1		
DRG	The code for this diagnosis related grouping.	Field	Character	3	T_DRG	CDE_DRG
Description	The description for the DRG.	Field	Character	132	T_DRG	DSC_DRG
Disproportionate Percentage	This is the disproportionate share percentage that will be utilized for pricing calculation.	Field	Number	5	T_PR_DRG_RATE	PCT_DISP_SHR

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Education Amount	This is the educational amount utilized to calculate the DRG base rate specific for a provider.	Field	Number	10	T_PR_DRG_RATE	AMT_MED_ED
Education Percentage	Education percentage.	Field	Number	7	T_PR_DRG_RATE	PCT_MED_ED
Effective Date	The date a rate becomes effective within a DRG for the current Provider ID.	Field	Date (MM/DD/CCYY)	8	T_PR_DRG_RATE	DTE_EFFECTIVE
End Date	The last date for the current rate within a DRG for the current Provider ID.	Field	Date (MM/DD/CCYY)	8	T_PR_DRG_RATE	DTE_END
Inactive Date	Date the segment becomes inactive.	Field	Number	8	T_PR_DRG_RATE	DTE_INACTIVE
Paid Percentage	Percentage used to identify if cost outlier will be applicable for DRG priced claims.	Field	Number	5	T_PR_DRG_RATE	PCT_PAID
Rate Type	Reimbursement rate type.	Field	Drop Down List Box	3	T_PR_DRG_RATE	CDE_RATE_TYPE

**2.7.65.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Base Rate	Field	200	Base Rate must be greater than zero.	Verify the base rate. It must be greater than zero.
Cost Charge Rate	Field	100	Cost Charge Rate must be greater than zero.	Verify the cost charge rate. It must be greater than zero.
Effective Date	Field	8012	Effective Date must be less than or equal to End Date.	Verify data entry. End date must be >= to effective date.

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	91001	Invalid date. Format is mm/dd/yyyy.	Verify data entry. End date must be >= to effective date.
Effective Date	Field	91030	Date segments can not overlap.	Verify data entry. End date must be >= to effective date.
End Date	Field	8012	Effective Date must be less than or equal to End Date.	Verify data entry. End date must be >= to effective date.
End Date	Field	91001	Invalid date. Format is mm/dd/yyyy.	Verify data entry. End date must be >= to effective date.
End Date	Field	91030	Date segments can not overlap.	Verify data entry. End date must be >= to effective date.

**2.7.65.8 Associated Requirements**

ID
30.090.003.002.18
30.090.003.003.13

**2.7.65.9 CO / Defects**

ID	Type	Name	Description	Current Status
1693	Change Order	Core 10365 WI 1454 - DRG 20	<p>See Core CO 10365 all documentation will be updated on this CO</p> <p>See WI CO 1454</p> <p>The current provider DRG base rate is the result of calculations that the state executes to get the base rate. The state would like to be able to store the provider amounts that are utilized to calculate the base rate. This will facilitate the creation of the Disproportionate Share Hospital Payment report.</p>	Prod Implemented

ID	Type	Name	Description	Current Status
3100	Change Order	KY DRG ProviderPanel Updates	There are some fields and panels related to DRGs that are not needed by the KY customer. In order to prevent confusion and potential payment errors, these fields and panels need to be removed from the KY UI.	Prod Implemented
3913	Change Order	UI Provider DRG Rate Overlaps	The overlap edits on the provider DRG rate panel are currently based on an incorrect index on the table, T_PR_DRG_RATE. The index is being corrected and the UI will need to update the overlap edits on this panel.	Prod Implemented

## 2.7.66 PANEL: Review

### 2.7.66.1 Description

Use the Provider Review panel to maintain review type and effective dates. This panel allows different state agencies to identify that they are investigating a provider. Claims processing is not affected by any rows entered on this panel. This data is for informational purposes only.

Navigation Path: [Provider - Search] - [select row from search results] - [Review]

### 2.7.66.2 Technical Name

provReview.ascx

### 2.7.66.3 Panel Name

Review

### 2.7.66.4 Review Layout

Review Type	Effective Date	End Date
DEPP Review	02/13/2009	12/31/2299
OIG Review	02/13/2006	12/31/2299
CMS Review	02/13/2006	12/31/2299
DMS Review	02/13/2006	12/31/2299

Type changes below.

Review Type\*  Effective Date\*  End Date\*

### 2.7.66.5 Extra Features

This panel has no extra features.

### 2.7.66.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Effective Date (Detail)	Effective date of the review.	Field	Date (MMDDCCYY)	8	T_PR_REVIEW	DTE_EFFECTIVE
Effective Date (List)	Effective date of the review.	Field	Date (MMDDCCYY)	8	T_PR_REVIEW	DTE_EFFECTIVE
End Date (Detail)	End date of the review.	Field	Date (MMDDCCYY)	8	T_PR_REVIEW	DTE_END

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
End Date (List)	End date of the review.	Field	Date (MMDDCCYY)	8	T_PR_REVIEW	DTE_END
Review Type (Detail)	Type of review being conducted.	Field	Drop Down List Box	20	T_PR_REVIEW	CDE_REVIEW_TYPE
Review Type (List)	Type of review being conducted.	Field	Drop Down List Box	20	T_PR_REVIEW	CDE_REVIEW_TYPE

**2.7.66.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Effective Date (Detail)	Field	1	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date (Detail)	Field	1	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.

**2.7.66.8 Associated Requirements**

ID
No associated requirements found.

**2.7.66.9 CO / Defects**

ID	Type	Name	Description	Current Status
143	Change Order	Prov On Review	See core change orders 6135 and 9109 that create a new panel and tables to hold review data with effective dates.  Add a new panel and table to maintain the review type indicators. This data will have no effect on claims processing, it is for informational purposes only. See clarifications for updates to this change order.	Prod Implemented

## 2.7.67 PAGE: Provider Information Search

### 2.7.67.1 Description

Use the Provider Information Search page to access provider records by entering a provider name, provider number, or tax ID.

### 2.7.67.2 Technical Name

Prov.ProviderInformationSearch.ascx

### 2.7.67.3 Web Page Name

ProvInfoSearch

### 2.7.67.4 Provider Information Search Layout

search enrollment **information** financial summary related data rpts & letters

Provider search by:	ID Number	<input type="text"/>	Business OR Last Name, First	<input type="text"/>	Tax ID	<input type="text"/>	<input type="button" value="search"/>	<input type="button" value="clear"/>
------------------------	-----------	----------------------	---------------------------------	----------------------	--------	----------------------	---------------------------------------	--------------------------------------

## 2.7.68 PANEL: Provider Maintenance Service Location

### 2.7.68.1 Description

Provider Maintenance Provider displays links to information at the provider service location level.

Navigation Path: [Provider - Search] - [select row from search results]

### 2.7.68.2 Technical Name

Prov.ProviderMaintenanceServiceLocation.ascx

### 2.7.68.3 Panel Name

ProManSLoc

### 2.7.68.4 Provider Maintenance Service Location Layout

Provider Maintenance			
Select area to add or modify below.			
Provider Service Location	Account Recoup Maximum	Board Participant	Certification
	CLIA Maintenance	Contract	Customary Charge
	DEA	Dispensing Fee	Disproportionate Share
	Disproportionate Share Rate	EFT Account	Facility
	Group	Group Member	IDs
	Language	License	Medicare Number
	Owner	Payment Pull	Physician Assistant
	Provider Beds	Provider Contract Rate	Provider DRG Rate
	Provider Location Name Address	Provider Lockin	Provider Rate
	Restricted Service	Review	Service Location
	State Share	Supervising Physician	SURS Specialty
	Tax ID	Taxonomy	Type and Specialty
	<input type="button" value="save"/> <input type="button" value="cancel"/>		

### 2.7.68.5 Extra Features

This panel has no extra features.

### 2.7.68.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Account Recoup Maximum	Link to Account Recoup Maximum panel.	Hyperlink	N/A	1		
Board Participant	Link to Board Participant panel.	Hyperlink	N/A	1		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CLIA Maintenance	Link to CLIA Maintenance panel.	Hyperlink	N/A	1		
Certification	Link to Certification panel.	Hyperlink	N/A	1		
Contract	Link to Contract panel.	Hyperlink	N/A	1		
Customary Charge	Link to Customary Charge panel.	Hyperlink	N/A	1		
DEA	Link to DEA panel.	Hyperlink	N/A	1		
Dispensing Fee	Link to Dispensing Fee panel.	Hyperlink	N/A	1		
Disproportionate Share	Link to Disproportionate Share panel.	Hyperlink	N/A	1		
Disproportionate Share Rate	Link to Disproportionate Share Rate panel.	Hyperlink	N/A	1		
EFT Account	Link to EFT Account panel.	Hyperlink	N/A	1		
Facility	Link to Facility panel.	Hyperlink	N/A	1		
Group	Link to Group panel.	Hyperlink	N/A	1		
Group Member	Link to Group Member panel.	Hyperlink	N/A	1		
IDs	Link to Provider ID panel.	Hyperlink	N/A	1		
Language	Link to Language panel.	Hyperlink	N/A	1		
License	Link to Provider License panel.	Hyperlink	N/A	1		
Medicare Number	Link to Medicare Number panel.	Hyperlink	N/A	1		
Owner	Link to Owner panel.	Hyperlink	N/A	1		
Payment Pull	Link to Payment Pull panel.	Hyperlink	N/A	1		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Physician Assistant	Link to Physician Assistant panel.	Hyperlink	N/A	1		
Provider Beds	Link to Provider Beds panel.	Hyperlink	N/A	1		
Provider Contract Rate	Link to Provider Contract Rate panel.	Hyperlink	N/A	1		
Provider DRG Rate	Link to Provider DRG panel.	Hyperlink	N/A	1		
Provider Location Name Address	Link to Provider Location Name Address panel.	Hyperlink	N/A	1		
Provider Lockin	Link to Provider Lockin panel.	Hyperlink	N/A	1		
Provider Rate	Link to Provider Rate panel.	Hyperlink	N/A	1		
Restricted Service	Link to Restricted Service panel.	Hyperlink	N/A	1		
Review	Link to Review panel.	Hyperlink	N/A	1		
SURS Specialty	Link to SURS Specialty panel.	Hyperlink	N/A	1		
Service Location	Link to Service Location panel.	Hyperlink	N/A	1		
State Share	Link to State Share panel.	Hyperlink	N/A	1		
Supervising Physician	Link to Supervising Physician panel.	Hyperlink	N/A	1		
Tax ID	Link to Tax ID panel.	Hyperlink	N/A	1		
Taxonomy	Link to Taxonomy panel.	Hyperlink	N/A	1		
Type and Specialty	Link to Type and Specialty panel.	Hyperlink	N/A	1		

**2.7.68.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.68.8 Associated Requirements**

ID
30.090.003.002.21

**2.7.68.9 CO / Defects**

ID	Type	Name	Description	Current Status
2035	Change Order	Electronic Billing Ind	Create an indicator named ind_electronic_billing on the KY version of t_pr_svc_loc. This flag will be populated through the interface with First Health and will appear on the Service Location panel.	Prod Implemented
3621	Change Order	REL2 Provider Organization Code	<p>On the Service Location panel the values for Organization Code (hard-coded) should be:</p> <p>A - Individual;</p> <p>B - Sole Proprietorship;</p> <p>C - Partnership;</p> <p>D - Estate Trust;</p> <p>E - Corporate;</p> <p>F - Public Service Corporation (Hr. Only);</p> <p>G - Government / Non-Profit; and,</p> <p>H - Limited Liability Company.</p>	Prod Implemented

## 2.7.69 PANEL: Provider Maintenance Provider

### 2.7.69.1 Description

The Provider Maintenance Provider panel displays links to information at the provider level.

Navigation Path: [Provider - Search] - [select row from search results]

### 2.7.69.2 Technical Name

Prov.ProviderMaintenanceProvider.ascx

### 2.7.69.3 Panel Name

ProManPro

### 2.7.69.4 Provider Maintenance Provider Layout

The screenshot shows a web application interface for 'Provider Maintenance'. The header is dark blue with the text 'Provider Maintenance' and 'Select area to add or modify below.' Below the header is a sidebar on the left with a blue background and a button labeled '+ Provider'. The main content area is light blue and contains two links: 'Base Information' and 'Comment'. At the bottom left are 'save' and 'cancel' buttons. At the top right of the main area are 'top', 'bottom', and a help icon.

### 2.7.69.5 Extra Features

This panel has no extra features.

### 2.7.69.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Base Information	Link to Base Information Panel	Hyperlink	N/A	1	N/A	N/A
Comment	Link to Comment Panel	Hyperlink	N/A	1	N/A	N/A

**2.7.69.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.69.8 Associated Requirements**

ID
30.090.003.002.21

**2.7.69.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.70 PANEL: Provider Information****2.7.70.1 Description**

The Provider Information panel displays provider and service location related information on a single page.

Navigation Path: [Provider - Search] - [select row from search results]

**2.7.70.2 Technical Name**

Prov.ProviderInformation.ascx

**2.7.70.3 Panel Name**

ProInfo

For readability the layout displays on the next page.

### 2.7.70.4 Provider Information Layout

search enrollment **information** financial summary related data rpts & letters

Provider search by: ID Number  Business OR Last Name, First  Tax ID

Provider Information			
<b>Provider Identifier</b>	100191749	<b>Service Location</b>	100191749B - SMITH, JOHN D
<b>UPIN</b>	SSSSSS	<b>Provider Numbers</b>	000043674 CNV 07/01/1996-12/31/2299
<b>Ownership</b>	No	<b>Address Type</b>	Service Location
<b>Restriction</b>	No	<b>Address</b>	5871 NE 1ST ST MAIL STOP 10351
<b>Gender</b>	Male	<b>City</b>	PORTLAND
<b>Date of Birth</b>		<b>County</b>	Lewis
<b>SSN</b>		<b>State/Zip</b>	OR 97501
		<b>Phone</b>	999-551-1178
		<b>Fax</b>	
		<b>Managed Care</b>	No
<b>Organization</b>	Sole Proprietor	<b>Provider Type</b>	64 - Physician Individual
		<b>License</b>	000053554 11/01/1989-12/31/2004
		<b>Specialties</b>	General Practitioner07/01/1996-12/31/2299
		<b>Taxonomies</b>	203BG0000X Uncategorized: General Practice
		<b>Tax ID</b>	710445685 07/01/1996-12/31/2299
		<b>Contract</b>	Default - Test 11/01/1989-12/31/2004
		<b>Medicare Certification Board</b>	

**Provider Maintenance** Select area to add or modify below.

	Base Information	Comment
<b>+ Provider</b>		

### 2.7.70.5 Extra Features

This panel has no extra features.

**2.7.70.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address	Provider's Address, Address Line 1 + Address Line 2.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1 + ADR_MAIL_STRT2
Address Type	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	15	T_PR_LOC_NM_ADR	IND_ADDR_TYPE
Board	Board + Board Start Date + Board End Date.	Combo Box	Drop Down List Box	0	T_PR_BOARD_MEM	CONCATENATE
Certification	Certification + Certification Start Date + Certification End Date.	Combo Box	Drop Down List Box	0	T_PR_SVC_CERT	CONCATENATE
City	Provider's city.	Field	Character	30	T_PR_ADR	ADR_MAIL_CITY
Contract	Contract + Contract Start Date + Contract End Date.	Combo Box	Drop Down List Box	0	T_PR_PHP_ELIG	CONCATENATE
County	Provider's county.	Field	Character	3	T_PR_SVC_LOC	CDE_COUNTY
Date of Birth	Provider's date of birth.	Field	Number	8	T_PR_PROV	DTE_BIRTH
Fax	Provider's fax number.	Field	Character	10	T_PR_ADR	NUM_PHONE_FAX
Gender	This is the provider's gender.	Field	Character	1	T_PR_PROV	CDE_GENDER
License	License + License Start Date + License End Date.	Combo Box	Drop Down List Box	0	T_PR_LICENSE	CONCATENATE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Managed Care	Indicates if data exists on the Managed Care PMP panels for this provider. PMP data is collected for KenPAC, Transportation, and Lock-in providers and is used to assign members and pay capitation fees. Values are Yes and No.	Field	Character	3	T_PMP_SVC_LOC	CALCULATED
Medicare	Medicare + Medicare Start Date + Medicare End Date.	Combo Box	Drop Down List Box	0	T_PR_MCARE_BILL	CONCATENATE
Organization	Organization.	Field	Character	15	T_PR_SVC_LOC	CDE_ORGANIZ
Ownership	Field to indicate whether the provider has a controlling ownership interest in any other provider facility or practice with valid values to include YES and NO.	Field	Character	3	T_PR_PROV	IND_OWNER_INTEREST
Phone	Provider's phone number.	Field	Character	10	T_PR_ADR	NUM_PHONE
Provider Identifier	The base number of the provider.	Field	Character	10	T_PR_PROV	ID_PROVIDER
Provider Numbers	Provider Number + Provider Number Type + Effective Dates.	Combo Box	Drop Down List Box	0	T_PR_IDENTIFIER	CONCATENATE
Provider Type	Provider type.	Field	Character	20	T_PR_TYPE	CDE_PROV_TYPE
Restriction	Field to indicate if the provider any restrictions entered. Values are Yes and No.	Field	Character	3	T_PR_PROV	CDE_REVIEW

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Service Location	Provider Number + Provider Name.	Combo Box	Drop Down List Box	0	T_PR_IDENTIFIER	ID_PROVIDER
Specialties	Provider's Specialty + Specialty Start Date + Specialty End Date.	Combo Box	Drop Down List Box	0	T_PR_SPEC	CONCATENATE
SSN	Provider's Social Security number.	Field	Character	9	T_PR_PROV	NUM_PROV_SSN
State	Provider's state.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
Tax ID	Tax ID + Tax ID Start Date + Tax ID End Date.	Combo Box	Drop Down List Box	0	T_PR_TAX_ID	CONCATENATE
Taxonomies	Taxonomy + Description + Effective Dates.	Combo Box	Drop Down List Box	0	T_PR_TAXONOMY	CONCATENATED
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6	T_PR_PROV	NUM_UPIN
Zip	Provider's zip.	Field	Character	9	T_PR_ADR	ADR_MAIL_ZIP

**2.7.70.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.70.8 Associated Requirements**

ID
30.090.003.002.34
30.090.003.002.9
30.090.003.003.11

ID
30.090.007.002.40
30.110.003.009

**2.7.70.9 CO / Defects**

ID	Type	Name	Description	Current Status
143	Change Order	Prov On Review	See core change orders 6135 and 9109 that create a new panel and tables to hold review data with effective dates.  Add a new panel and table to maintain the review type indicators. This data will have no effect on claims processing, it is for informational purposes only. See clarifications for updates to this change order.	Prod Implemented
203 7	Change Order	Change Provider Id to Number	The provider ID tag needs to be replaced with provider number.	Prod Implemented
23	Change Order	NPI	Add ability to capture and store the NPI.	Prod Implemented
259	Change Order	Provider DOB and SSN	There is a need to store the provider date of birth for future processing and the Provider SSN separate from the Tax ID.	Prod Implemented
260	Change Order	Fiscal Year End	There is a need to store the month of the provider's Fiscal Year End.	Prod Implemented

## 2.7.71 PANEL: Provider Mini-Search

### 2.7.71.1 Description

The Provider Mini-Search allows the user to search by provider number, name, or tax ID from the Provider Information page without having to navigate back to the main Search page. To search by other criteria the main Provider Search Page must be used.

Navigation Path: [Provider - Information]

### 2.7.71.2 Technical Name

Prov.ProviderMini-Search.ascx

### 2.7.71.3 Panel Name

Mini-Search

### 2.7.71.4 Provider Mini-Search Layout

### 2.7.71.5 Extra Features

This panel has no extra features.

### 2.7.71.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Business OR Last Name, First	Name of the provider, either full or partial.	Field	Character	50	T_PR_NAM	NAME
ID Number	The ID of the provider.	Field	Character	15	T_PR_PROV	ID_PROVIDER
Tax ID	The tax ID of the provider.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID

### 2.7.71.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.71.8 Associated Requirements**

ID
No associated requirements found.

**2.7.71.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.72 PAGE: Provider Related Data Codes

### 2.7.72.1 Description

Use the Provider Related Data Codes page to capture rate, license, CLIA, facility, owner, and tax and board information.

### 2.7.72.2 Technical Name

Prov.ProviderRelatedDataCodes.ascx

### 2.7.72.3 Web Page Name

ProvRelDatCodes

### 2.7.72.4 Provider Related Data Codes Layout

The screenshot displays the 'Provider' section of the 'KyHealth Choices' application. The navigation bar includes links for Home, Claims, Reference, Provider (selected), Member, Financial, EPSDT, TPL, Managed Care, Prior Authorization, CTMS, and Site. Below the navigation bar, a sub-menu shows 'search', 'enrollment', 'information', 'financial summary', 'related data' (selected), and 'rpts & letters'. The main content area is titled '» Related Data' and 'Select area to add or modify below.' It features a list of data categories on the left, including 'Codes' (highlighted) and 'Other'. The right side of the list displays a grid of specific data fields: Address Usage, Application Type, Bed Types, Board Position, Certification, Country, Enrollment Contract, Enrollment Status, Identifier Type, Identifier Type End Reason, Language, Out of State Types, Owner Relationship Type, Review Reason, Review Type, Specialty, State Agency, and Taxonomy. At the bottom left, there are 'save' and 'cancel' buttons. The top right corner of the main content area contains controls for 'Prefs', 'Top', 'Bot', '?', and an upward arrow.

» Related Data		Select area to add or modify below.		Prefs	Top	Bot	?	↑
Codes	Address Usage	Application Type	Bed Types					↑
	Board Position	Certification	Country					
Other	Enrollment Contract	Enrollment Status	Identifier Type					
	Identifier Type End Reason	Language	Out of State Types					
	Owner Relationship Type	Review Reason	Review Type					
	Specialty	State Agency	Taxonomy					↓

save cancel

## 2.7.73 PANEL: Level of Care Code

### 2.7.73.1 Description

Use the Level of Care Code panel to maintain nursing home level of care codes. Examples are Case Mix, Skilled Nursing Facility, and Intermediate Care Facility.

Navigation Path: [Provider - Related Data] - [Level Of Care]

### 2.7.73.2 Technical Name

Prov.LevelofCareCode.ascx

### 2.7.73.3 Panel Name

LevCareCode

### 2.7.73.4 Level of Care Code Layout

The screenshot shows a web application interface for maintaining Level of Care codes. At the top, there's a table with two columns: 'Level of Care' and 'Description'. The table has three rows with values 1, 2, and 3, each followed by a description. Below the table, there's a text input field for 'Level of Care' with the value '1' and a 'Description' field with the value 'Description for Code 1'. A 'new' button is located at the bottom right of the form.

### 2.7.73.5 Extra Features

This panel has no extra features.

### 2.7.73.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Level of Care Code Description.	Field	Character	100	T_PR_LOC_CODE	DSC_LOC
Description (List)	Level of Care Code Description.	Field	Character	100	T_PR_LOC_CODE	DSC_LOC
Level of Care (Detail)	Level of Care Code.	Field	Character	2	T_PR_LOC_CODE	CDE_LEVEL_OF_CARE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Level of Care (List)	Level of Care Code.	Field	Character	2	T_PR_LOC_CODE	CDE_LEVEL_OF_CARE

**2.7.73.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Level of Care (Detail)	Field	1	Level Of Care is required.	Enter a level of care.
Level of Care (Detail)	Field	10	Level Of Care must be Alphanumeric.	Verify data entry. Level of care must be 0-9 or A-Z.
Level of Care (Detail)	Field	18	Level Of Care must be 2 character(s) in length.	Verify data entry. Level of care must be two characters.
Level of Care (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The level of care entered already exists.

**2.7.73.8 Associated Requirements**

ID
No associated requirements found.

**2.7.73.9 CO / Defects**

ID	Type	Name	Description	Current Status
4147	Change Order	Remove Lvl of Care panels	Remove the Level of Care and Inpatient Level of Care options from the Provider Related Data Codes menu.	Prod Implemented

## 2.7.74 PANEL: Type Code

### 2.7.74.1 Description

Use the Type Code panel to maintain provider type codes, descriptions, and indicators that designate the required data needed during provider enrollment.

Navigation Path: [Provider - Related Data] - [Type]

### 2.7.74.2 Technical Name

Prov.TypeCode.ascx

### 2.7.74.3 Panel Name

Type Code

### 2.7.74.4 Type Code Layout

» Type

Top Nav ? A ⌵ X

Type	Description	LOC Req Ind	Peer Group Req Ind	License Req Ind	Group Req Ind	Copay Ind
00	All Provider Types	No	No	No	No	No
01	General hospital	No	No	No	No	No
02	Mental Hospital	No	No	No	No	No
04	Psychiatric Residential Treatment Facility	No	No	No	No	No
11	ICF/MR	No	No	No	No	No
12	Nursing Facility	No	No	No	No	No
13	Specialized Children Service Clinics	No	No	No	No	No
15	Health Access Nurturing Development Svcs	No	No	No	No	No
17	Acquired Brain Injury	No	No	No	No	No
20	Preventive & Remedial Public Health	No	No	No	No	No

1 2 3 4 5 6 7 Next >

Type changes below.

Type

12

LOC Req Ind\*

No

Description\*

Nursing Facility

Peer Group Req Ind\*

No

License Req Ind\*

No

Group Req Ind\*

No

Copay Ind\*

No

delete

add

### 2.7.74.5 Extra Features

This panel has no extra features.

**2.7.74.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Copay Req Ind (Detail)	Copay Req Ind	Field	Drop Down List Box	1	T_PR_TYPE_CDE	IND_COPAY
Copay Req Ind (List)	Copay Req Ind	Field	Character	3	T_PR_TYPE_CDE	IND_COPAY
Description (Detail)	Type Code Description	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE
Description (List)	Type Code Description	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE
Group Req Ind (Detail)	Group Req Ind	Field	Drop Down List Box	1	T_PR_TYPE_CDE	IND_GROUP
Group Req Ind (List)	Group Req Ind	Field	Character	3	T_PR_TYPE_CDE	IND_GROUP
License Req Ind (Detail)	License Req Ind	Field	Drop Down List Box	1	T_PR_TYPE_CDE	IND_LICENSE_REQD
License Req Ind (List)	License Req Ind	Field	Character	3	T_PR_TYPE_CDE	IND_LICENSE_REQD
Loc Req Ind (Detail)	Loc Req Ind	Field	Drop Down List Box	1	T_PR_TYPE_CDE	IND_LVL_CARE
Loc Req Ind [List}	Loc Req Ind	Field	Character	3	T_PR_TYPE_CDE	IND_LVL_CARE
Peer Group Req Ind (Detail)	Peer Group Req Ind	Field	Drop Down List Box	1	T_PR_TYPE_CDE	IND_PEER_GROUP
Peer Group Req Ind (List)	Peer Group Req Ind	Field	Character	3	T_PR_TYPE_CDE	IND_PEER_GROUP
Type (Detail)	Type Code	Field	Character	2	T_PR_TYPE_CDE	CDE_PROV_TYPE
Type (List)	Type Code	Field	Character	2	T_PR_TYPE_CDE	CDE_PROV_TYPE

**2.7.74.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Type (Detail)	Field	1	Type is required.	Enter a type.

Field	Field Type	Error Code	Error Message	To Correct
Type (Detail)	Field	10	Type must be Alphanumeric.	Verify data entry. Type must be 0-9 or A-Z.
Type (Detail)	Field	18	Type must be 2 character(s) in length.	Verify data entry. The type must be two characters.
Type (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The type entered already exists.

**2.7.74.8 Associated Requirements**

ID
30.090.002.002.4

**2.7.74.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.75 PANEL: Certification Code

### 2.7.75.1 Description

Use the Certification Code panel to maintain certification codes and descriptions.

Navigation Path: [Provider - Related Data] - [Certification]

### 2.7.75.2 Technical Name

Prov.CertificationCode.ascx

### 2.7.75.3 Panel Name

CertCode

### 2.7.75.4 Certification Code Layout

Certification	Description
01	Basic Life Support
02	Adv Life Support in OB
03	CPR
04	Adv Trauma Life Support
05	Adv Cardiac Life Support
06	Pediatric Adv Life Support
07	Neonatal Adv Life Support

Select row above to update -or- click Add button below.

Certification:

Description:

Delete add

### 2.7.75.5 Extra Features

This panel has no extra features.

### 2.7.75.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Certification (Detail)	Certification code.	Field	Character	2	T_PR_CERT_CODE	CDE_CERT_TYPE
Certification (List)	Certification code.	Field	Character	2	T_PR_CERT_CODE	CDE_CERT_TYPE
Description (Detail)	Certification description.	Field	Character	50	T_PR_CERT_CODE	DSC_CERT_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (List)	Certification Description.	Field	Character	50	T_PR_CERT_CODE	DSC_CERT_TYPE

**2.7.75.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Certification (Detail)	Field	1	Certification is required.	Enter a certification.
Certification (Detail)	Field	10	Certification must be Alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
Certification (Detail)	Field	18	Certification must be 2 character(s) in length.	Verify data entry. Certification code must be two characters.
Certification (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The certification code already exists.
Description (Detail)	Field	1	Description is required.	Enter a description.

**2.7.75.8 Associated Requirements**

ID
No associated requirements found.

**2.7.75.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.76 PANEL: Enrollment Status Code

### 2.7.76.1 Description

The Enrollment Status Code panel maintains enrollment status codes. These codes are used as an end reason on the Provider Eligibility panel. Examples of status codes are: CMS Sanction, Provider Deceased, Provider Retired, etc.

Navigation Path: [Provider - Related Data] - [Enrollment Status]

### 2.7.76.2 Technical Name

Prov.EnrollmentStatusCode.ascx

### 2.7.76.3 Panel Name

EnrollStaCode

### 2.7.76.4 Enrollment Status Code Layout

The screenshot shows a web application window titled "» Enrollment Status". The window has a dark red header bar with navigation controls: "Top", "Nav", "?", "A", and "X". Below the header is a table with two columns: "Enrollment Status" and "Description". The table contains the following data:

Enrollment Status	Description
A	Active
T	Term by Medicaid
B	Term by Medicare
C	Term - Lic Revoked
D	Term - Lic Expired
E	Voluntary Termination
F	Retired
G	Provider Deceased
H	Incorrect Pr Number
I	Term - Inactive 2 Yr

Below the table, there is a pagination control showing "1 2 Next >". A message below the pagination says "Select row above to update -or- click Add button below." At the bottom of the panel, there are two input fields: "Enrollment Status" and "Description". To the right of these fields are two buttons: "delete" (disabled) and "add" (active).

### 2.7.76.5 Extra Features

This panel has no extra features.

**2.7.76.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Enrollment status code description.	Field	Character	21	T_PR_ENROLL_STATUS	CDE_ENROLL_STATUS
Description (List)	Enrollment status code description.	Field	Character	21	T_PR_ENROLL_STATUS	DSC_ENROLL_STATUS
Enrollment Status (Detail)	Enrollment status code.	Field	Character	1	T_PR_ENROLL_STATUS	DSC_ENROLL_STATUS
Enrollment Status (List)	Enrollment status code.	Field	Character	1	T_PR_ENROLL_STATUS	CDE_ENROLL_STATUS

**2.7.76.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Enrollment Status (Detail)	Field	1	Enrollment Status is required.	Enter an enrollment status.
Enrollment Status (Detail)	Field	10	Enrollment Status must be Alphanumeric.	Verify data entry. Enrollment status must be 0-9 or A-Z.
Enrollment Status (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The enrollment status entered already exists.

**2.7.76.8 Associated Requirements**

ID
No associated requirements found.

**2.7.76.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.77 PANEL: Codes-Country

### 2.7.77.1 Description

Use the Country panel to maintain country code, country name, dialing code, area code, and indicators designating whether the country requires an internal address and phone number.

Navigation Path: [Provider - Related Data] - [Code] - [Country]

Table: T\_COUNTRY

### 2.7.77.2 Technical Name

Ref.Country

### 2.7.77.3 Panel Name

Country

### 2.7.77.4 Codes-Country Layout

» Country

Top Nav ? A ^ X

Country	Description	Dialing Code	Area Code	Int Address	Int Phone	Currency Abbreviation
AX	ALAND ISLANDS	358		Y	Y	EUR
AL	ALBANIA	355		Y	Y	ALL
DZ	ALGERIA	213		Y	Y	DZD
AS	AMERICAN SAMOA	684		N	Y	USD
AD	ANDORRA	376		Y	Y	EUR
AO	ANGOLA	244		Y	Y	AOA
AI	ANGUILLA	1	264	Y	N	XCD
AQ	ANTARCTICA	672		Y	Y	
AG	ANTIGUA AND BARBUDA	1	268	Y	N	XCD
AR	ARGENTINA	54		Y	Y	ARS

1 2 3 4 5 6 7 8 9 10 ... Next >

Select row above to update -or- click Add button below.

Country

Description

Dialing Code

Area Code

Int Address

Int Phone

Currency Abbreviation

delete

add

**2.7.77.5 Extra Features**

This panel has no extra features.

**2.7.77.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Add a country code.	Button	N/A	0	N/A	N/A
Area Code	Area code for dialing the country; this is used when an international dialing prefix is not required.	Field	Character	3	T_COUNTRY	AREA_CODE
Country Code	Two letter abbreviation for the country.	Field	Character	2	T_COUNTRY	CDE_COUNTRY
Currency Abbreviation	The character ISO code identifying the kind of currency used in this country.	Field	Character	3	T_COUNTRY	CDE_CURRENCY
Description	Name of the country.	Field	Character	50	T_COUNTRY	DESC_COUNTRY
Dialing Code	Dialing code prefix for the country if calling from the US. If blank a dialing prefix is not required.	Field	Character	5	T_COUNTRY	DIALING_CODE
Int Address	Indicates whether this country requires a special international address field.	Field	Drop Down List Box	0	T_COUNTRY	IND_INT_ADDRESS
Int Phone	Indicates whether this country requires a special international phone number.	Field	Drop Down List Box	0	T_COUNTRY	IND_INT_PHONE

**2.7.77.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.77.8 Associated Requirements**

ID
No associated requirements found.

**2.7.77.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
430	Change Order	Country Code Maintenance	Create a panel to update the new T_COUNTRY table.	Prod Implemented

## 2.7.78 PANEL: Identifier Type

### 2.7.78.1 Description

Use the Identifier Type panel to maintain the code values for the provider identifiers that may be stored for a provider.

Navigation Path: [Provider - Related Data] - [Identifier Type]

### 2.7.78.2 Technical Name

Prov.IdType.ascx

### 2.7.78.3 Panel Name

prIdentType

### 2.7.78.4 Identifier Type Layout

Identifier Type								Top	Nav	?	A	⬆	⬇	X
Provider Identifier Type Code	Provider Identifier Type Description	ASC X12 Qualifier value	Unique Indicator	Auto Generated	Display Priority	Search Priority	Print Priority							
MCD	Medicaid Provider Number	1D	Yes	Yes	1	1	1							
NPI	National Provider ID	XX	No	No	2	2	2							
BSE	Base Provider ID	--	No	Yes	3	3	3							
CNV	Converted Provider ID	--	No	No	99	0	99							
VND	Vendor ID	--	Yes	No	98	4	98							
FQM	FIQM Provider Key	--	Yes	No	97	5	97							
KME	KAMES Provider Id	--	Yes	No	96	6	96							
PRV	Linked Provider Number (Previous)	--	No	No	95	7	95							

Select row above to update -or- click Add button below.

<b>Provider Identifier Type Code</b> <input type="text"/> <b>ASC X12 Qualifier value</b> <input type="text"/> <b>Auto Generated</b> <input type="text"/> No <input type="button" value="v"/> <b>Search Priority</b> <input type="text"/>	<b>Provider Identifier Type Description</b> <input type="text"/> <b>Unique Indicator</b> <input type="text"/> No <input type="button" value="v"/> <b>Display Priority</b> <input type="text"/> <b>Print Priority</b> <input type="text"/>	<input type="button" value="Delete"/> <input type="button" value="Add"/>
---	--	--

### 2.7.78.5 Extra Features

This panel has no extra features.

**2.7.78.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
ASC X12 Qualifier value	X12 equivalent identifier values.	Field	Character	2	T_PR_ID_TYPE	QLF_PROV_ID_TYPE
Auto Generated	Indicates if this identifier is auto generated by the system.	Field	Character	1	T_PR_ID_TYPE	IND_PR_ID_AUTO
Display Priority	Indicates the order in which the online system displays the identifier.	Field	Number	2	T_PR_ID_TYPE	PRI_PR_ID_DSP
Print Priority	Indicates the order which batch reports list the provider identifier.	Field	Number	2	T_PR_ID_TYPE	PRI_PR_ID_PRT
Provider Identifier Type Code	Code indicating the type of identifier.	Field	Character	3	T_PR_ID_TYPE	CDE_PROV_ID_TYPE
Provider Identifier Type Description	Description of the identifier code.	Field	Character	50	T_PR_ID_TYPE	DSC_PROV_ID_TYPE
Search Priority	Indicates the order in which interChange searches for the identifier.	Field	Number	2	T_PR_ID_TYPE	SRT_PR_ID_SEARCH
Unique Indicator	Indicates if this identifier will always uniquely identify a single provider location.	Field	Character	1	T_PR_ID_TYPE	IND_PR_ID_UNIQUE

**2.7.78.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.78.8 Associated Requirements**

ID
No associated requirements found.

**2.7.78.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.79 PANEL: Board Position Code

### 2.7.79.1 Description

Use the Board Position Code panel to maintain board position codes and descriptions.

Navigation Path: [Provider - Related Data] - [Board Position]

### 2.7.79.2 Technical Name

Prov.BoardPositionCode.ascx

### 2.7.79.3 Panel Name

BoardPosCode

### 2.7.79.4 Board Position Code Layout

Board Position	Description
PR	President
VP	Vice President
TR	Treasurer
SE	Secretary
MB	Member
CH	Chairman
VC	Vice Chairman
DI	Director
OF	Officer

Select row above to update -or- click Add button below.

Board Position:

Description:

delete add

### 2.7.79.5 Extra Features

This panel has no extra features.

### 2.7.79.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Board Position (Detail)	Board position code.	Field	Character	2	T_BOARD_POSITION	CDE_POSITION
Board Position (List)	Board position code.	Field	Character	2	T_BOARD_POSITION	CDE_POSITION

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Board position code description.	Field	Character	50	T_BOARD_POSITION	DSC_POSITION
Description (List)	Board position code description.	Field	Character	50	T_BOARD_POSITION	DSC_POSITION

**2.7.79.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Board Position (Detail)	Field	1	Board Position is required.	Enter a board position.
Board Position (Detail)	Field	10	Board Position must be Alphanumeric.	Verify data entry. Board position must be 0-9 or A-Z.
Board Position (Detail)	Field	18	Board Position must be 2 character(s) in length.	Verify data entry. Board position must be two characters.
Board Position (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The board position entered already exists.
Description (Detail)	Field	1	Description is required.	Enter a description.

**2.7.79.8 Associated Requirements**

ID
No associated requirements found.

**2.7.79.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.80 PANEL: Bed Types

### 2.7.80.1 Description

Use the Bed Type Code panel to maintain the bed type codes. These codes indicate the type of bed being counted on the provider beds panel.

Navigation Path: [Provider - Related Data] - [Bed Types]

### 2.7.80.2 Technical Name

Prov.BedTypes.ascx

### 2.7.80.3 Panel Name

BedTyp

### 2.7.80.4 Bed Types Layout

Bed Type	Description
H	Hospital
N	Nursing Facility
O	Other

Select row above to update -or- click Add button below.

Bed Type:  Description:

### 2.7.80.5 Extra Features

This panel has no extra features.

### 2.7.80.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Bed Type	Code indicating the type of bed.	Field	Character	1	T_PR_BED_TYPE	CDE_BED_TYPE
Description	Description of the bed type code.	Field	Character	50	T_PR_BED_TYPE	DSC_BED_TYPE

### 2.7.80.7 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.80.8 Associated Requirements**

ID
No associated requirements found.

**2.7.80.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.81 PANEL: Address Usage Code

### 2.7.81.1 Description

Use the Address Usage Code panel to maintain the provider address usage codes. These codes indicate the type of name and address that are stored for each provider. Examples of usage codes are: mail-to, pay-to, and service location.

Navigation Path: [Provider - Related Data] - [Address Usage]

### 2.7.81.2 Technical Name

Prov.AddressUsageCode.ascx

### 2.7.81.3 Panel Name

AddUsaCode

### 2.7.81.4 Address Usage Code Layout

Address Usage	Description
M	Correspondence
P	Pay-to
S	Physical
H	Home Office

Select row above to update -or- click Add button below.

Address Usage:

Description:

delete add

### 2.7.81.5 Extra Features

This panel has no extra features.

### 2.7.81.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address Usage (Detail)	Code for the Address Usage.	Field	Character	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE
Address Usage (List)	Code for the Address Usage.	Field	Character	1	T_PR_ADDR_CODE	CDE_ADDR_USAGE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	20	T_PR_ADDR_CODE	DSC_ADDR_USAGE
Description (List)	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, Service Location Address.	Field	Character	20	T_PR_ADDR_CODE	DSC_ADDR_USAGE

**2.7.81.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address Usage (Detail)	Field	1	Address Usage is required.	Enter an address usage.
Address Usage (Detail)	Field	10	Address Usage must be Alphanumeric.	Verify data entry. Address usage must be 0-9 or A-Z.
Address Usage (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The address code entered already exists.
Description (Detail)	Field	1	Description is required.	Enter a description.

**2.7.81.8 Associated Requirements**

ID
No associated requirements found.

**2.7.81.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.82 PANEL: Specialty Code

### 2.7.82.1 Description

Use the Specialty Code panel to maintain specialty codes and descriptions.

Navigation Path: [Provider - Related Data] - [Specialty]

### 2.7.82.2 Technical Name

Prov.SpecialtyCode.ascx

### 2.7.82.3 Panel Name

SpecCode

### 2.7.82.4 Specialty Code Layout

The screenshot shows a web application window titled "» Specialty" with a standard toolbar (Top, Nav, ?, A, ↑, X). Below the title bar is a table with two columns: "Specialty" and "Description". The table contains 11 rows of data, with the first row highlighted in blue. Below the table is a pagination control showing "1 2 3 4 5 6 7 8 9 10 ... Next >". Below the pagination is a text prompt: "Select row above to update -or- click Add button below." At the bottom of the panel are two input fields labeled "Specialty" and "Description", and two buttons labeled "delete" and "add".

Specialty	Description
000	ALL SPECIALTY CODES
010	Acute Care
011	Psychiatric
012	Rehabilitation
013	Residential Treatment Center
014	Critical Access
015	Children's Specialty
016	Emergency
017	Ventilator Hospital
020	Ambulatory Surgical Center (ASC)

1 2 3 4 5 6 7 8 9 10 ... Next >

Select row above to update -or- click Add button below.

Specialty

Description

delete add

### 2.7.82.5 Extra Features

This panel has no extra features.

**2.7.82.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Specialty code description.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Description (List)	Specialty code description.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Specialty (Detail)	Specialty code.	Field	Character	3	T_PR_SPEC_CDE	CDE_PROV_SPEC
Specialty (List)	Specialty code.	Field	Character	3	T_PR_SPEC_CDE	CDE_PROV_SPEC

**2.7.82.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Specialty (Detail)	Field	1	Specialty is required.	Enter a specialty.
Specialty (Detail)	Field	10	Specialty must be Alphanumeric.	Verify data entry. Specialty must be 0-9 or A-Z.
Specialty (Detail)	Field	18	Specialty must be 3 character(s) in length.	Verify data entry. Specialty code must be three characters.
Specialty (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The specialty entered already exists.

**2.7.82.8 Associated Requirements**

ID
30.090.002.002.4

**2.7.82.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## **2.7.83 PANEL: Taxonomy Group Type**

### **2.7.83.1 Description**

This panel displays the data used to group Taxonomy information. These groupings are used to create rules for automatically granting prior authorization for drugs. For instance, criteria can be created to allow claims that contain providers with certain taxonomies prior authorization. The groups would be created here and then the group type numbers would be used on the DUR Criteria screens.

Navigation Path: [Provider - Related Data] - [Codes] - [Taxonomy Group Type]

Table: T\_TAXONOMY\_GROUP

### **2.7.83.2 Technical Name**

Prov.ProviderTaxonomyGroupPanel.ascx

### **2.7.83.3 Panel Name**

ProviderTaxonomyGroupPanel

For readability the layout displays on the next page.

### 2.7.83.4 Taxonomy Group Type Layout

» Taxonomy Group Type Top Nav ? A ^ X

\*\*\* No rows found \*\*\*

-Taxonomy Group Type- Type changes below.

Taxonomy Group Type

Description

Long Description

delete add

-Taxonomy Group- The data below is for the row selected above.

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Code Taxonomy From  [ Search ] Effective Date

Code Taxonomy To  [ Search ] End Date

delete add

### 2.7.83.5 Extra Features

This panel has no extra features.

### 2.7.83.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Add	Adds a new taxonomy group to the current taxonomy type.	Button	N/A	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	Deletes the current taxonomy group from the current taxonomy type.	Button	N/A	0		
add	Adds a taxonomy group type.	Button	N/A	0		
delete	Deletes the currently selected taxonomy group type.	Button	N/A	0		
Code Taxonomy From	The lower range of a group of taxonomy codes.	Field	Number	9	T_TAXONOMY_GROUP	SAK_TAXONOMY
Code Taxonomy To	The upper range of a group of taxonomy codes.	Field	Number	9	T_TAXONOMY_GROUP	SAK_TAXONOMY_TO
Description	Describes the taxonomy type.	Field	Alphanumeric	50	T_TAXONOMY_TYPE	DSC_50
Effective Date	The date that the taxonomy is to become effective for the taxonomy type in claims processing.	Field	Date (MM/DD/CCYY)	8	T_TAXONOMY_GROUP	DTE_EFFECTIVE
End Date	The last date that the taxonomy is in effect for the taxonomy type in claims processing.	Field	Date (MM/DD/CCYY)	8	T_TAXONOMY_GROUP	DTE_END
Long Description	Definition of where and/or how this taxonomy group is used.	Field	Alphanumeric	4000	T_TAXONOMY_TYPE	DSC_DEFINITION
Taxonomy Group Type	System-assigned key for a unique taxonomy type, which represents a collection of taxonomies.	Field	Number	9	T_TAXONOMY_GROUP	SAK_TAXONOMY_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Taxonomy Group Type List	A list of taxonomy group types.	Listview	N/A	0		

**2.7.83.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.83.8 Associated Requirements**

ID
No associated requirements found.

**2.7.83.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.84 PANEL: Review Reason

### 2.7.84.1 Description

Use the Review Reason panel to maintain the codes used in the Review Reason field on the Provider Restricted Services panel.

Navigation Path: [Provider - Related Data] - [Review Reason]

### 2.7.84.2 Technical Name

Prov.ReviewReason.ascx

### 2.7.84.3 Panel Name

ReviewReason

### 2.7.84.4 Review Reason Layout

### 2.7.84.5 Extra Features

This panel has no extra features.

### 2.7.84.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the review reason.	Field	Character	50	T_PR_CDE_REVIEW_REASON	DSC_REVIEW_REASON
Review Reason	Code indicating the reason a provider is placed on review.	Field	Character	1	T_PR_CDE_REVIEW_REASON	CDE_REVIEW_REASON

**2.7.84.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.84.8 Associated Requirements**

ID
No associated requirements found.

**2.7.84.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.85 PANEL: Taxonomy Code

### 2.7.85.1 Description

Use the Taxonomy Code panel to maintain taxonomy codes and text descriptions.

Navigation Path: [Provider - Related Data] - [Taxonomy]

### 2.7.85.2 Technical Name

Prov.TaxonomyCode.ascx

### 2.7.85.3 Panel Name

TaxCode

### 2.7.85.4 Taxonomy Code Layout

The screenshot displays the 'Taxonomy' panel. At the top, there is a header bar with the title '» Taxonomy' and navigation controls: 'Top', 'Nav', '?', 'A', and a close button 'X'. Below the header is a table with two columns: 'Taxonomy' and 'Description'. The table contains 11 rows of data, each with a unique taxonomy code and its corresponding description. Below the table is a pagination bar showing '1 2 3 4 5 6 7 8 9 10 ... Next >'. Under the pagination bar, there is a text prompt: 'Select row above to update -or- click Add button below.' Below this prompt are two input fields: 'Taxonomy' and 'Description'. To the right of the 'Description' field is a small vertical scroll button. At the bottom right of the panel are two buttons: 'delete' and 'add'.

Taxonomy	Description
225XR0403X	Occupational Therapist - Rehabilitation
224Z00000X	Occupational Therapy Assistant
225000000X	Orthotics/Prosthetics Fitter
222Z00000X	Orthotist
225100000X	Physical Therapist
2251C2600X	Physical Therapist - Cardiopulmonary
2251E1300X	Physical Therapist - Electrophysiology
2251E1200X	Physical Therapist - Ergonomics
2251G0304X	Physical Therapist - Geriatrics
2251H1200X	Physical Therapist - Hand

1 2 3 4 5 6 7 8 9 10 ... Next >

Select row above to update -or- click Add button below.

Taxonomy

Description

delete add

### 2.7.85.5 Extra Features

This panel has no extra features.

**2.7.85.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Description of the taxonomy code.	Field	Character	100	T_PR_TAXONOMY_CDE	DSC_TAXONOMY
Description (List)	Description of the taxonomy code.	Field	Character	100	T_PR_TAXONOMY_CDE	DSC_TAXONOMY
Taxonomy (Detail)	HIPAA-defined code identifying the provider specialty.	Field	Character	10	T_PR_TAXONOMY_CDE	CDE_TAXONOMY
Taxonomy (List)	HIPAA-defined code identifying the provider specialty.	Field	Character	10	T_PR_TAXONOMY_CDE	CDE_TAXONOMY

**2.7.85.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Taxonomy (Detail)	Field	1	Taxonomy is required.	Enter taxonomy.
Taxonomy (Detail)	Field	10	Taxonomy must be Alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
Taxonomy (Detail)	Field	18	Taxonomy must be 10 character(s) in length.	Verify data entry. The taxonomy code must be 10 characters.
Taxonomy (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The taxonomy code already exists.

**2.7.85.8 Associated Requirements**

ID
No associated requirements found.

**2.7.85.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.86 PANEL: Language Code

### 2.7.86.1 Description

Use the Language Code panel to maintain language codes. These language codes are used in both the Member and Provider subsystems.

Navigation Path: [Provider - Related Data] - [Language]

### 2.7.86.2 Technical Name

Prov.LanguageCode.ascx

### 2.7.86.3 Panel Name

LangCode

### 2.7.86.4 Language Code Layout

The screenshot shows a web application window titled "Language" with standard browser controls (Top, Nav, ?, A, ↑, X). Below the title bar is a table with two columns: "Language" and "Description". The table contains the following data:

Language	Description
NAI	NORTH AMERICAN INDIAN (OTHER)
NOR	NORWEGIAN
NNO	NORWEGIAN (NYNORSK)
NUB	NUBIAN LANGUAGES
NYM	NYAMWEZI
NYA	NYANJA
NYN	NYANKOLE
NYO	NYORO
NZI	NZIMA
OJI	OJIBWA

Below the table is a pagination control showing "1 2 3 4 5 6 7 8 9 10 ... Next >". Below the pagination is a text prompt: "Select row above to update -or- click Add button below." Below this is a form with two input fields: "Language" and "Description". The "Description" field has a small up/down arrow button to its right. At the bottom right of the form are two buttons: "delete" and "add".

### 2.7.86.5 Extra Features

This panel has no extra features.

**2.7.86.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Language Description.	Field	Character	100	T_LANGUAGE	DSC_LANGUAGE
Description (List)	Language Description.	Field	Character	100	T_LANGUAGE	DSC_LANGUAGE
Language (Detail)	Language Code.	Field	Character	3	T_LANGUAGE	CDE_LANGUAGE
Language (List)	Language Code.	Field	Character	3	T_LANGUAGE	CDE_LANGUAGE

**2.7.86.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Language (Detail)	Field	1	Language is required.	Enter a language.
Language (Detail)	Field	10	Language must be Alphanumeric.	Verify data entry. Language must be 0-9 or A-Z.
Language (Detail)	Field	18	Language must be 2 character(s) in length.	Verify data entry. Language must be two characters.
Language (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The language entered already exists.

**2.7.86.8 Associated Requirements**

ID
No associated requirements found.

**2.7.86.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.87 PANEL: State Agency Code

### 2.7.87.1 Description

Use the State Agency Code panel to maintain state agency and billing codes.

Navigation Path: [Provider - Related Data] - [State Agency]

### 2.7.87.2 Technical Name

Prov.StateAgencyCode.ascx

### 2.7.87.3 Panel Name

StaAgeCode

### 2.7.87.4 State Agency Code Layout

State Agency	Billing Code	Description
CW	Bill Back	CommonWealth
IP	Bill Back	Impact Plus
PS	Bill Back	Partnership
SB	Deductible	School Based EPSDT

Select row above to update -or- click Add button below.

State Agency:

Billing Code:

Description:

### 2.7.87.5 Extra Features

This panel has no extra features.

### 2.7.87.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Billing Code (Detail)	Billing Code.	Field	Character	20	T_PR_STATE_AGENCY	CDE_BILLING
Billing Code (List)	Billing Code.	Field	Drop Down List Box	1	T_PR_STATE_AGENCY	CDE_BILLING

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	State Agency Code Description.	Field	Character	50	T_PR_STATE_AGENCY	DSC_AGENCY
Description (List)	State Agency Code Description.	Field	Character	50	T_PR_STATE_AGENCY	DSC_AGENCY
State Agency (Detail)	State Agency Code.	Field	Character	2	T_PR_STATE_AGENCY	CDE_AGENCY
State Agency (List)	State Agency Code.	Field	Character	2	T_PR_STATE_AGENCY	CDE_AGENCY

**2.7.87.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Billing Code (Detail)	Field	1	Billing Code is required.	Choose a billing code.
Description (Detail)	Field	1	Description is required.	Enter a description.
State Agency (Detail)	Field	1	State Agency is required.	Enter a state agency.
State Agency (Detail)	Field	10	State Agency must be Alphanumeric.	Verify data entry. State agency must be 0-9 or A-Z.
State Agency (Detail)	Field	18	State Agency must be 2 character(s) in length.	Verify data entry. State agency must be two characters.
State Agency (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. State agency entered already exists.

**2.7.87.8 Associated Requirements**

ID
No associated requirements found.

**2.7.87.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.88 PANEL: Review Type

### 2.7.88.1 Description

Use the Review Type panel to maintain the codes used in the Review Type field on the Provider Restricted Services and Provider Review panel.

Navigation Path: [Provider - Related Data] - [Review Type]

### 2.7.88.2 Technical Name

Prov.ReviewType.ascx

### 2.7.88.3 Panel Name

ReviewType

### 2.7.88.4 Review Type Layout

Review Type	Description
D	DMS Review
C	CMS Review
I	OIG Review (Inspector General)
A	OAG Review (Attorney General)
E	DEPP Review
Z	Other Law Enforcement Agency Review
T	Transportation County Restriction
K	KBML Review
M	Medicaid Fraud Control

Select row above to update -or- click Add button below.

Review Type:

Description:

Update add

### 2.7.88.5 Extra Features

This panel has no extra features.

### 2.7.88.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the review type.	Field	Character	50	T_PR_CDE_REVIEW	DSC_REVIEW_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Review Type	Code indicating the type of review in which a provider is placed.	Field	Character	1	T_PR_CDE_REVIEW	CDE_REVIEW_TYPE

**2.7.88.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.88.8 Associated Requirements**

ID
No associated requirements found.

**2.7.88.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.89 PANEL: Out of State Types

### 2.7.89.1 Description

Use the Out of State Types panel to maintain the out-of-state code and descriptions used to help determine the proper pricing methodology.

Navigation Path: [Provider - Related Data] - [Out of State Types]

### 2.7.89.2 Technical Name

Prov.OutofStateType.ascx

### 2.7.89.3 Panel Name

provOutStateTypes

### 2.7.89.4 Out of State Types Layout

Out of state code	Description
0	In State
1	Out of State - contiguous
2	Out of State - Significant Volume
3	Out of State - Minimum Volume
4	Out of State - Special Bed Size
5	Out of State - Paid as In State

Select row above to update -or- click Add button below.

Out of state code:  Description:

### 2.7.89.5 Extra Features

This panel has no extra features.

### 2.7.89.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of the Out of State code.	Field	Character	50	T_PR_CDE_OOS	DSC_OOS
Out of state code	Code indicating the Out of State categorization to be used in pricing.	Field	Character	1	T_PR_CDE_OOS	CDE_OOS

**2.7.89.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.89.8 Associated Requirements**

ID
No associated requirements found.

**2.7.89.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.90 PANEL: Owner Relationship Type Code

### 2.7.90.1 Description

Use the Owner Relationship Type Code panel to maintain owner relationship types and descriptions. Examples include sibling, mother, and father.

Navigation Path: [Provider - Related Data] - [Owner Relationship Type]

### 2.7.90.2 Technical Name

Prov.OwnerRelationshipTypeCode.ascx

### 2.7.90.3 Panel Name

OwnerReTyCode

### 2.7.90.4 Owner Relationship Type Code Layout

Owner Relationship Type	Description
MO	Mother
FA	Father
SI	Sibling
HU	Husband
WI	Wife
OT	Other
MI	Mother-in-law
UN	Uncle
IN	Father-in-law
AA	Aunt

1 2 Next >

Select row above to update -or- click Add button below.

Owner Relationship Type

Description

### 2.7.90.5 Extra Features

This panel has no extra features.

**2.7.90.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Owner relationship type description.	Field	Character	50	T_OWNER_REL_TYPE	DSC_RELATION_TYPE
Description (List)	Owner relationship type description.	Field	Character	50	T_OWNER_REL_TYPE	DSC_RELATION_TYPE
Owner Relationship Type (Detail)	Owner relationship type code.	Field	Number	2	T_OWNER_REL_TYPE	CDE_RELATION_TYPE
Owner Relationship Type (List)	Owner relationship type code.	Field	Number	2	T_OWNER_REL_TYPE	CDE_RELATION_TYPE

**2.7.90.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Owner Relationship Type (Detail)	Field	1	Owner Relationship Type is required.	Enter an owner relationship.
Owner Relationship Type (Detail)	Field	10	Owner Relationship Type must be Alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
Owner Relationship Type (Detail)	Field	18	Owner Relationship Type must be 2 character(s) in length.	Verify data entry. Owner relationship must be two characters.
Owner Relationship Type (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The owner relationship already exists.

**2.7.90.8 Associated Requirements**

ID
No associated requirements found.

**2.7.90.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.91 PANEL: Enrollment Contract****2.7.91.1 Description**

Use the Enrollment Contract panel to maintain enrollment contract codes. This is equivalent to a provider contract and is the highest level in determining the services a provider may bill. The Benefits Administration team helps determine the policies around each contract. These are associated to a provider using the Provider Contract panel.

Navigation Path: [Provider - Related Data] - [Enrollment Contract]

**2.7.91.2 Technical Name**

Prov.EnrollmentProgramCode.ascx

**2.7.91.3 Panel Name**

EnrProCode

For readability the layout displays on the next page.

#### 2.7.91.4 Enrollment Contract Layout

Enrollment Contract							Top	Nav	?	A	↕	X
Enrollment Contract	Financial Payer	Description	Claim Type	Editing Ind	Effective Date	End Date	Inactive Date					
PART	Default	PARTNERSHIP	Exclude		01/01/1990	12/31/2299	12/31/2299					
NET	Default	NON-EMERGENCY TRANS			01/01/1990	12/31/2299	12/31/2299					
LOCKM	Default	LOCK-IN MEDICAL	Exclude		01/01/1990	12/31/2299	12/31/2299					
KENP	Default	KENPAC	Exclude		01/01/1990	12/31/2299	12/31/2299					
CHIP3	Default	KCHIP III	Exclude		01/01/1990	12/31/2299	12/31/2299					
AUDIO	Default	Audiologist			01/01/1990	12/31/2299	12/31/2299					
CCSHC	Default	Comm Chld w/Sp Needs			01/01/1990	12/31/2299	12/31/2299					
FPLAN	Default	Family Planning			01/01/1990	12/31/2299	12/31/2299					
COMMH	Default	Comm Mental Health			01/01/1990	12/31/2299	12/31/2299					
PRTF	Default	Psych Resdntl Tx Fac			01/01/1990	12/31/2299	12/31/2299					

1 2 3 4 5 6 7 8 Next >

Select row above to update -or- click Add button below.

Enrollment Contract	<input type="text"/>
Financial Payer	ALL plans ▼
Description	<input type="text"/>
Long Description	<div><input type="text"/> ▲ ▼</div>
Claim Type Editing Ind	<input type="text"/> ▼
Effective Date	<input type="text"/>
End Date	<input type="text"/>
Inactive Date	<input type="text"/>

### 2.7.91.5 Extra Features

This panel has no extra features.

### 2.7.91.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Claim Type Editing Ind	Claim type editing ind.	Field	Character	20	T_PR_ENROLL_PGM	IND_CT_EDITING

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description	Description of this contract.	Field	Character	50	T_PR_ENROLL_PGM	DSC_PROV_PGM
Effective Date	Date this contract becomes effective.	Field	Number	8	T_PR_ENROLL_PGM	DTE_EFFECTIVE
End Date	Date this contract expires.	Field	Number	8	T_PR_ENROLL_PGM	DTE_END
Enrollment Contract	Name of the enrollment contract.	Field	Character	5	T_PR_ENROLL_PGM	CDE_PROV_PGM
Financial Payer	Financial payer.	Field	Character	20	T_PR_ENROLL_PGM	SAK_FIN_PAYER
Inactive Date	Date this contract is no longer active. (logical delete).	Field	Number	8	T_PR_ENROLL_PGM	DTE_INACTIVE
Long Description	Long detailed description of the contract.	Field	Character	4000	T_PR_ENROLL_PGM	DSC_PROV_PGM_LONG

**2.7.91.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a description.
Enrollment Contract	Field	1	Enrollment Contract is required.	Enter an enrollment contract.
Enrollment Contract	Field	10	Enrollment Contract must be Alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
Enrollment Contract	Field	5000	A duplicate record cannot be saved.	Verify data entry. The enrollment contract entered already exists.
Financial Payer	Field	29	A valid Financial Payer is required.	Choose a financial payer.

**2.7.91.8 Associated Requirements**

ID
30.090.002.002.1
30.090.002.002.10

**2.7.91.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.92 PANEL: Title Code

### 2.7.92.1 Description

The Title Code panel maintains provider title codes, for example, MD, or DDS.

Navigation Path: [Provider - Related Data] - [Title]

### 2.7.92.2 Technical Name

Prov.TitleCode.ascx

### 2.7.92.3 Panel Name

TitleCode

### 2.7.92.4 Title Code Layout

Title	Description
DDS	Dentists
TMP	Temporary Medical Permit
PA	Physician's Assistant
NMW	Nurse Midwife
DC	Chiropractors
DPM	Podiatrist
PTA	Physical Therapist's Assistant
PT	Physical Therapist
DO	Osteopathic Physician
MD	Physician

1 2 3 4 Next >

Select row above to update -or- click Add button below.

Title:

Description:

Delete Add

### 2.7.92.5 Extra Features

This panel has no extra features.

### 2.7.92.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Title Code Description.	Field	Character	50	T_PR_TITLE_CODE	DSC_TITLE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (List)	Title Code Description.	Field	Character	50	T_PR_TITLE_CODE	DSC_TITLE
Title (Detail)	Title Code.	Field	Character	10	T_PR_TITLE_CODE	CDE_TITLE
Title (List)	Title Code.	Field	Character	10	T_PR_TITLE_CODE	CDE_TITLE

**2.7.92.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Description (Detail)	Field	1	Description is required.	Enter a description.
Title (Detail)	Field	1	Title is required.	Enter a title.
Title (Detail)	Field	10	Title must be Alphanumeric.	Verify data entry. Title must be 0-9 or A-Z.
Title (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The title entered already exists.

**2.7.92.8 Associated Requirements**

ID
No associated requirements found.

**2.7.92.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.93 PANEL: Identifier Type End Reason

### 2.7.93.1 Description

Use the Identifier Type End Reason panel to maintain the reason codes and descriptions for a provider identifier to be end dated.

Navigation Path: [Provider - Related Data] - [Identifier Type End Reason]

### 2.7.93.2 Technical Name

Prov.IdentEndReas.ascx

### 2.7.93.3 Panel Name

prIdentEnd

### 2.7.93.4 Identifier Type End Reason Layout

Provider Identifier End Date Reason Code	Provider Identifier End Date Reason Description
FR	Fraud and abuse
OT	Other

Select row above to update -or- click Add button below.

Provider Identifier End Date Reason Code:  Provider Identifier End Date Reason Description:

### 2.7.93.5 Extra Features

This panel has no extra features.

### 2.7.93.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider Identifier End Date Reason Code	Code depicting the reason the identifier is end dated.	Field	Character	2	T_PR_ID_END_RSN	CDE_PR_ID_END_RSN
Provider Identifier End Date Reason Description	Description of the reason code.	Field	Character	50	T_PR_ID_END_RSN	DSC_PR_ID_END_RSN

**2.7.93.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.93.8 Associated Requirements**

ID
No associated requirements found.

**2.7.93.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## **2.7.94 PANEL: Type Specialty Code**

### **2.7.94.1 Description**

Use the Type Specialty Code panel to maintain the cross reference between provider type and provider specialty codes.

Navigation Path: [Provider - Related Data] - [Type Specialty]

### **2.7.94.2 Technical Name**

Prov.TypeSpecialtyCode.ascx

### **2.7.94.3 Panel Name**

TySpecCode

For readability the layout displays on the next page.

#### 2.7.94.4 Type Specialty Code Layout

Type Specialty					
Type	Description				
01	General hospital				
02	Mental Hospital				
04	Psychiatric Residential Treatment Facility				
11	ICF/MR				
12	Nursing Facility				
13	Specialized Children Service Clinics				
15	Health Access Nurturing Development Svcs				
17	Acquired Brain Injury				
20	Preventive & Remedial Public Health				
21	School Based Health Services				

1 2 3 4 5 6 7 Next >

Select row above to display or update.

Valid Specialties for Provider Type Selected					
	Specialty	Specialty Description	Taxonomy	Taxonomy Description	Healthcare Indicator
RetrievedFromDataSource	010	Acute Care	282N00000X	Hospitals: General Acute Care Hospital	Yes
RetrievedFromDataSource	012	Rehabilitation	283X00000X	Hospitals: Rehabilitation Hospital	Yes
RetrievedFromDataSource	014	Critical Access	282N00000X	Hospitals: General Acute Care Hospital	Yes
RetrievedFromDataSource	015	Children's Specialty	282NC2000X	Hospitals: General Acute Care Hospital - Children	Yes
RetrievedFromDataSource	016	Emergency	282N00000X	Hospitals: General Acute Care Hospital	Yes
RetrievedFromDataSource	017	Venitlator Hospital	282N00000X	Hospitals: General Acute Care Hospital	Yes

Select row above to update -or- click Add button below.

Provider Type	<input type="text"/>	[ Search ]
Provider Specialty	<input type="text"/>	[ Search ]
Provider Taxonomy	<input type="text"/>	[ Search ]
Healthcare Indicator	No <input type="button" value="v"/>	

#### 2.7.94.5 Extra Features

This panel has no extra features.

#### 2.7.94.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Delete	The delete button is hidden from view except by authorized users.	Button	Radio Button	0		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (List)	Provider type code description.	Field	Character	50	T_PR_TYPE_CDE	DSC_PROV_TYPE
Healthcare Indicator (Detail)	Indicates if the provider is a typical healthcare provider which requires NPI.	Field	Character	1	T_PR_TYPE_SPEC	IND_HEALTHCARE
Healthcare Indicator (List)	Indicates if the provider is a typical healthcare provider which requires NPI.	Field	Character	1	T_PR_TYPE_SPEC	IND_HEALTHCARE
Provider Specialty (Detail)	Provided specialty description.	Field	Character	50	T_PR_TYPE_SPEC	CDE_PROV_SPEC
Provider Taxonomy (Detail)	Provider taxonomy description.	Field	Character	100	T_PR_TAXONOMY_CDE	CDE_TAXONOMY
Provider Type (Detail)	Provider type code.	Field	Character	2	T_PR_TYPE_SPEC	CDE_PROV_TYPE
Specialty Description (List)	Specialty code description.	Field	Character	50	T_PR_SPEC_CDE	DSC_PROV_SPEC
Specialty [List]	Specialty code.	Field	Character	3	T_PR_TYPE_SPEC	CDE_PROV_SPEC
Taxonomy Description (List)	Taxonomy code description.	Field	Character	50	T_PR_TAXONOMY_CDE	DSC_TAXONOMY
Taxonomy (List)	HIPAA-defined code identifying the provider specialty.	Field	Character	10	T_PR_TAXONOMY_CDE	CDE_TAXONOMY
Type (List)	Provider type code.	Field	Character	50	T_PR_TYPE_SPEC	CDE_PROV_TYPE

**2.7.94.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Provider Specialty (Detail)	Field	29	A valid Provider Specialty is required.	Search for a provider specialty.

Field	Field Type	Error Code	Error Message	To Correct
Provider Taxonomy (Detail)	Field	29	A valid Provider Taxonomy is required.	Search for a provider taxonomy.
Provider Type (Detail)	Field	29	A valid Provider Type is required.	Search for a provider type.
Provider Type (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The provider type and specialty combination entered already exists.

**2.7.94.8 Associated Requirements**

ID
30.090.002.002.4

**2.7.94.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.95 PANEL: Application Type Code

### 2.7.95.1 Description

Use the Application Type Code panel to maintain the application type codes. These application type codes correspond to the actual physical enrollment application that is mailed to the provider.

Navigation Path: [Provider - Related Data] - [Application Type]

### 2.7.95.2 Technical Name

Prov.ApplicationTypeCode.ascx

### 2.7.95.3 Panel Name

AppTyCode

### 2.7.95.4 Application Type Code Layout

Application Type	Financial Payer	Description
1	Default	New Provider
2	Default	Re-applicant
3	Default	Change of Ownership
4	Default	Reinstatement

Select row above to update -or- click Add button below.

Application Type:

Financial Payer:

Description:

### 2.7.95.5 Extra Features

This panel has no extra features.

### 2.7.95.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Application Type (Detail)	Application type code.	Field	Number	2	T_PR_APPLN_TYPE	CDE_APPL_TYPE
Application Type (List)	Application type code.	Field	Number	2	T_PR_APPLN_TYPE	CDE_APPL_TYPE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Description (Detail)	Application type description.	Field	Character	100	T_PR_APPLN_TYPE	DSC_APPL_TYPE
Description (List)	Application type description.	Field	Character	100	T_PR_APPLN_TYPE	DSC_APPL_TYPE
Financial Payer (Detail)	Financial payer.	Field	Drop Down List Box	1	T_PR_APPLN_TYPE	SAK_FIN_PAYER
Financial Payer (List)	Financial payer.	Field	Character	20	T_PR_APPLN_TYPE	SAK_FIN_PAYER

**2.7.95.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Application Type (Detail)	Field	15	Application Type must be greater than or equal to 1.	Verify data entry. The application type must be greater than or equal to zero.
Application Type (Detail)	Field	16	Application Type must be less than or equal to 999.	Verify data entry. The application type must be less than or equal to 999.
Application Type (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The application type entered already exists.
Description (Detail)	Field	1	Description is required.	Description is required.
Financial Payer (Detail)	Field	1	A valid Financial Payer is required.	Choose a financial payer.

**2.7.95.8 Associated Requirements**

ID
No associated requirements found.

**2.7.95.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.96 PAGE: Provider Related Data Other

### 2.7.96.1 Description

Use the Provider Related Data Other to capture information such as Board Participant, Facility, License, Owner, and so on.

### 2.7.96.2 Technical Name

Prov.ProviderRelatedDataOther.ascx

### 2.7.96.3 Web Page Name

ProvRelDataOther

### 2.7.96.4 Provider Related Data Other Layout

l28c6j@eds.kyxix.edsmhg.com Tuesday, September 18, 200

**KyHealth Choices**

Home Claims Reference **Provider** Member Financial EPSDT TPL Managed Care Prior Authorization CTMS Site

search enrollment information financial summary **related data** rpts & letters

**» Related Data** Select area to add or modify below. Prefs Top Bot ? ^

Codes	Board Participant	CLIA	Facility
<b>Other</b>	IRS W9 Tax ID	License	Owner

save cancel

**2.7.97 PANEL: CLIA****2.7.97.1 Description**

The CLIA panel displays CLIA data from CMS as read-only.

Navigation Path: [Provider - Related Data] - [Other] - [CLIA]

**2.7.97.2 Technical Name**

Prov.CLIA.ascx

**2.7.97.3 Panel Name**

CLIA

**2.7.97.4 CLIA Layout**
**2.7.97.5 Extra Features**

This panel has no extra features.

**2.7.97.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CLIA Number	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10	T_CLIA_CERT	NUM_CLIA
CLIA Number	Provider's CLIA identification number.	Field	Character	10	T_CLIA_LAB	NUM_CLIA

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
CLIA Number [Search]	Provider's CLIA identification number.	Field	Character	10	T_CLIA_CERT	NUM_CLIA
Certificate Number	Similar to a SAK short; this is a certificate number of the CLIA number; 1 should be the most current.	Field	Character	2	T_CLIA_CERT	CDE_CERT_NUM
Certification type (List)	Provider certification type.	Field	Character	20	T_CLIA_CERT	CDE_CERT_TYPE
Effective Date	Provider's effective date of certification.	Field	Date (MMDDCCYY)	8	T_CLIA_CERT	DTE_EFFECTIVE
Effective Date (List)	Effective date for certificate and lab codes	Field	Number	8	T_CLIA_CERT	DTE_EFFECTIVE
End Date	End date of CLIA number.	Field	Date (MMDDCCYY)	8	T_CLIA_CERT	DTE_END
End Date (List)	End date for certificate and lab codes.	Field	Number	8	T_CLIA_CERT	DTE_END
Lab Code	Valid lab codes for this CLIA number.	Field	Number	3	T_CLIA_LAB	CDE_LAB_CODE
Lab Type	Lab type code.	Field	Character	1	T_CLIA_CERT	CDE_LAB_TYPE

**2.7.97.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.97.8 Associated Requirements**

ID
30.050.003.001.16

ID
30.050.003.002.22

**2.7.97.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.98 PANEL: IRS W9 Tax ID

### 2.7.98.1 Description

The IRS W9 Tax ID panel maintains IRS tax data. The data on this panel matches the W-9 the provider included with their enrollment packet. The tax ID is then associated to the provider using the Provider Tax ID panel. The name and address on this panel is used by the 1099 process.

Navigation Path: [Provider - Related Data] - [Other] - [IRS W9 Tax ID]

### 2.7.98.2 Technical Name

Prov.IRSW9TaxID.ascx

### 2.7.98.3 Panel Name

IRSW9TxID

### 2.7.98.4 IRS W9 Tax ID Layout

The screenshot displays the 'IRS W9 Tax ID' panel. At the top, there is a search bar with 'IRS Tax Type' set to 'FEIN' and an empty 'IRS Tax ID' field. 'search' and 'clear' buttons are to the right. Below this is a 'Search Results' section with a message '\*\*\* No rows found \*\*\*' and a prompt 'Select row above to update -or- click Add button below.' The main area contains two columns of fields. The left column includes 'IRS Tax Type' (dropdown), 'IRS Tax ID' (text), 'Name' (text), 'Address 1' (text), 'Address 2' (text), 'City' (text), 'State' (dropdown), 'Zip' (text), and 'Phone' (text). The right column includes 'IRS Effective Date' (text), 'IRS End Date' (text), 'Tax ID Exempt' (dropdown set to 'No'), 'W9 Form' (dropdown set to 'No'), and 'Form 147' (dropdown set to 'No'). 'Delete' and 'add' buttons are at the bottom right.

IRS W9 Tax ID	
IRS Tax Type	FEIN
IRS Tax ID	
<input type="button" value="search"/> <input type="button" value="clear"/>	
<b>Search Results</b>	
*** No rows found ***	
Select row above to update -or- click Add button below.	
IRS Tax Type	
IRS Tax ID	
Name	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
IRS Effective Date	
IRS End Date	
Tax ID Exempt	No
W9 Form	No
Form 147	No
<input type="button" value="Delete"/> <input type="button" value="add"/>	

**2.7.98.5 Extra Features**

When a new tax segment is created and an effective date is entered, the end date of the previous segment (the segment with the 2299/12/31 end date) is automatically set to one day before the new effective date.

**2.7.98.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	Provider's Street Address 1.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT1
Address 2	Provider's Street Address 2.	Field	Character	30	T_IRS_W9_INFO	ADR_MAIL_STRT2
City	Provider's city.	Field	Character	15	T_IRS_W9_INFO	ADR_MAIL_CITY
Ext	Provider's ext.	Field	Character	4	T_IRS_W9_INFO	NUM_PHO_EXT
Form 147	Provider has submitted form 147, stating his name and tax ID (YES or NO).	Field	Drop Down List Box	1	T_IRS_W9_INFO	IND_FORM_147
IRS Effective Date (Detail)	Effective date of tax ID.	Field	Date (MMDDCCYY)	8	T_IRS_W9_INFO	DTE_EFFECTIVE
IRS Effective Date (List)	Effective date of tax ID.	Field	Date (MMDDCCYY)	8	T_IRS_W9_INFO	DTE_EFFECTIVE
IRS End Date (Detail)	End date of tax ID.	Field	Date (MMDDCCYY)	8	T_IRS_W9_INFO	DTE_END
IRS End Date (List)	End date of tax ID.	Field	Date (MMDDCCYY)	8	T_IRS_W9_INFO	DTE_END
IRS Tax ID (Detail)	IRS Tax ID.	Field	Character	9	T_IRS_W9_INFO	NUM_TAX_ID
IRS Tax ID (List)	Provider tax ID.	Field	Character	9	T_IRS_W9_INFO	NUM_TAX_ID
IRS Tax ID [Search]	Provider tax ID.	Field	Character	9	T_IRS_W9_INFO	NUM_TAX_ID

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
IRS Tax Type (Detail)	IRS tax type.	Field	Drop Down List Box	1	T_IRS_W9_INFO	IND_TAX_ID_TYPE
IRS Tax Type (List)	Provider tax ID type (SSN or FEIN).	Field	Character	3	T_IRS_W9_INFO	IND_TAX_ID_TYPE
IRS Tax Type [Search]	Provider tax ID type (SSN or FEIN).	Field	Drop Down List Box	1	T_IRS_W9_INFO	IND_TAX_ID_TYPE
Name (Detail)	Provider's name.	Field	Character	40	T_IRS_W9_INFO	NAME
Name (List)	Provider's name.	Field	Character	40	T_IRS_W9_INFO	NAME
Phone	Provider's phone.	Field	Character	10	T_IRS_W9_INFO	NUM_PHONE
State	Provider's state.	Field	Drop Down List Box	1	T_IRS_W9_INFO	ADR_MAIL_STATE
Tax Exempt	Provider is exempt from receiving a 1099 (YES or NO).	Field	Drop Down List Box	1	T_IRS_W9_INFO	IND_TAX_ID_EXEMPT
W9 Form	Provider W9 form (YES or NO).	Field	Drop Down List Box	1	T_IRS_W9_INFO	IND_W9_FORM
Zip	Provider's zip.	Field	Character	5	T_IRS_W9_INFO	ADR_MAIL_ZIP
Zip + 4	Provider's zip + 4.	Field	Character	4	T_IRS_W9_INFO	ADR_MAIL_ZIP_4

**2.7.98.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter the address 1.
City	Field	1	City is required.	Enter the city.

Field	Field Type	Error Code	Error Message	To Correct
Ext	Field	1	Ext must be Numeric.	Verify data entry. Phone extension must be numeric.
IRS Effective Date (Detail)	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. Effective date must be less than or equal to the end date.
IRS Effective Date (Detail)	Field	17	Date segments can not overlap.	Verify data entry. Date segments can not overlap. A provider can only have one tax ID per date segment.
IRS Effective Date (Detail)	Field	5000	New IRS Effective Date must be less than or equal to old IRS Effective Date.	Verify data entry. In an update transaction only effective dates less than or equal to the current effective date can be added to prevent gaps in coverage.
IRS Tax ID (Detail)	Field	1	IRS Tax ID is required.	Enter the IRS tax ID.
IRS Tax ID (Detail)	Field	10	Tax ID must be numeric.	Verify data entry. Verify the tax ID is numeric.
IRS Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Tax ID must be nine numeric characters.
IRS Tax ID (Detail)	Field	19	Tax ID contains an invalid value.	Verify data entry. The tax ID cannot be nine repeating numbers, for example 111111111 is not a valid tax ID.
IRS Tax Type (Detail)	Field	1	IRS Tax Type is required.	Select an IRS tax type.
Name (Detail)	Field	1	Name is required.	Enter the name.
State	Field	29	A valid State is required	Choose a state code.
Zip	Field	1	Zip is required.	Enter a zip code.

**2.7.98.8 Associated Requirements**

ID
30.090.003.002.22

**2.7.98.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.99 PANEL: Owner

### 2.7.99.1 Description

Use the Owner panel to maintain owner data. These owners are associated to providers through the Provider Owner panel.

Navigation Path: [Provider - Related Data] - [Other] - [Owner]

### 2.7.99.2 Technical Name

Prov.Owner.ascx

### 2.7.99.3 Panel Name

Owner

### 2.7.99.4 Owner Layout

**» Owner** Top Nav ? A X

Business Name

OR

First Name

Last Name

OR

Tax ID

search clear

**Search Results**

\*\*\* No rows found \*\*\*

-Owner Data- Select row above to update -or- click Add button below.

Owner Business Name  Tax ID

Owner - First Name, MI

Owner - Last Name

Address 1

Address 2

City

State  ▼

Zip

Delete add

**2.7.99.5 Extra Features**

This panel has no extra features.

**2.7.99.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1 (Detail)	The mailing street of the owner.	Field	Character	50	T_OWNER	ADR_STREET_1
Address 1 (List)	The mailing street of the owner.	Field	Character	50	T_OWNER	ADR_STREET_1
Address 2	The optional second mailing street of the owner.	Field	Character	50	T_OWNER	ADR_STREET_2
Business Name (List)	The name of the business of the owner.	Field	Character	50	T_OWNER	NAM_BUSINESS
Business Name [Search]	The name of the business of the owner.	Field	Character	50	T_OWNER	NAM_BUSINESS
City (Detail)	The city of the owner.	Field	Character	50	T_OWNER	ADR_CITY
City (List)	The city of the owner.	Field	Character	50	T_OWNER	ADR_CITY
First Name [Search]	The first name of the owner.	Field	Character	50	T_OWNER	NAM_FIRST
Last Name [Search]	The last name of the owner.	Field	Character	50	T_OWNER	NAM_LAST
MI	Middle initial.	Field	Character	1	T_OWNER	NAM_MIDDLE_INT
Owner Business Name (Detail)	The name of the business of the owner.	Field	Character	50	T_OWNER	NAM_BUSINESS
Owner First Name (Detail)	The first name of the owner.	Field	Character	50	T_OWNER	NAM_FIRST
Owner Last Name (Detail)	The last name of the owner.	Field	Character	50	T_OWNER	NAM_LAST
State (Detail)	The two-character state abbreviation of the owner.	Field	Drop Down List Box	1	T_OWNER	ADR_STATE

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
State (List)	The two-character state abbreviation of the owner.	Field	Character	2	T_OWNER	ADR_STATE
Tax ID (Detail)	Owner tax ID.	Field	Character	9	T_OWNER	NUM_TAX_ID
Tax ID (List)	Owner tax ID.	Field	Character	9	T_OWNER	NUM_TAX_ID
Tax ID [Search]	Owner tax ID.	Field	Character	9	T_OWNER	NUM_TAX_ID
Zip	The zip code of the owner.	Field	Character	5	T_OWNER	ADR_ZIP
Zip +4	The optional zip code extension of the owner.	Field	Character	4	T_OWNER	ADR_ZIP_4

**2.7.99.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1 (Detail)	Field	1	Address 1 is required.	Enter the address 1.
City (Detail)	Field	1	City is required.	Enter the city.
Owner Business Name (Detail)	Field	5000	Business Name or First/Last Name is required.	Enter a business name and/or a first and last name.
Owner First Name (Detail)	Field	1	First/Last Name is required.	Enter a first name and a last name.
Owner First Name (Detail)	Field	5000	Business Name or First/Last Name is required.	Enter a business name and/or a first and last name.
Owner Last Name (Detail)	Field	1	First/Last Name is required.	Enter a first name and a last name.
Owner Last Name (Detail)	Field	5000	Business Name or First/Last Name is required.	Enter a business name and/or a first and last name.
State (Detail)	Field	29	A valid State is required	Choose a state code.

Field	Field Type	Error Code	Error Message	To Correct
Tax ID (Detail)	Field	1	Tax ID is required.	Enter a tax ID.
Tax ID (Detail)	Field	10	Tax ID must be Numeric.	Verify data entry. Enter a numeric tax ID.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Enter a nine-digit tax ID.
Zip	Field	1	Zip is required.	Enter a zip code.

**2.7.99.8 Associated Requirements**

ID
No associated requirements found.

**2.7.99.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.100 PANEL: License****2.7.100.1 Description**

Use the License panel to maintain license information. The information on this panel matches the paper license the provider submits with their enrollment packet. The license is associated to a provider using the Provider License Panel. This panel displays both Health Board and Prescriber licenses.

Navigation Path: [Provider - Related Data] - [Other] - [License]

**2.7.100.2 Technical Name**

Prov.License.ascx

**2.7.100.3 Panel Name**

Lic

For readability the layout displays on the next page.

**2.7.100.4 License Layout**

**License** Top Nav ? A ↑ X

License  OR Name

Issue State  License Classification

NPI

---

**Search Results**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

License Number

Issue State

Name  License Classification

License Type  License Source

Status  NPI

Address 1  Effective Date

Address 2  End Date

City

State

Zip

SSN/FEIN

**2.7.100.5 Extra Features**

This panel has no extra features.

**2.7.100.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1	The street address this license was issued on.	Field	Character	30	T_PR_HB_LIC	ADR_STREET_1

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 2	The second street address field.	Field	Character	30	T_PR_HB_LIC	ADR_STREET_2
City	The city of the provider.	Field	Character	30	T_PR_HB_LIC	ADR_CITY
Effective Date	The date this license went into effect.	Field	Date (MM/DD/CCYY)	10	T_PR_HB_LIC	DTE_EFFECTIVE
End Date	The date this license expires.	Field	Date (MM/DD/CCYY)	10	T_PR_HB_LIC	DTE_END
Issue State	The state that issued the provider license.	Field	Character	2	T_PR_HB_LIC	CDE_STATE_ISSUE
License Classification	The classification (or specialty) for which this license is issued.	Field	Character	3	T_PR_HB_LIC	CDE_LIC_CLASS
License Number	The license number assigned to the provider.	Field	Character	10	T_PR_HB_LIC	NUM_PROV_LIC
License Source	Indicates the method the license was added to the system (manually or electronically through the license interface).	Field	Character	1	T_PR_HB_LIC	LIC_SOURCE
License Type	The type of license issued to the provider. Valid values are 'H' for Health Board and 'P' for Prescriber.	Field	Character	2	T_PR_HB_LIC	CDE_LIC_TYPE
NPI	The National Provider Identifier of the provider for which this license is issued.	Field	Character	10	T_PR_HB_LIC	ID_NPI
Name	The name of the provider as it appears on the license.	Field	Character	50	T_PR_HB_LIC	NAME
SSN / FEIN	The SSN or FEIN of the provider as it is displayed on the license.	Field	Character	9	T_PR_HB_LIC	NUM_SSN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
State	The address state of the provider. Valid values are selected from a drop down list.	Field	Character	2	T_PR_HB_LIC	ADR_STATE
Status	The current known status of the provider's license. Valid values are 'A' for Active and 'I' for Inactive.	Field	Character	2	T_PR_HB_LIC	CDE_STATUS1
Zip	The zip code of the provider.	Field	Character	5	T_PR_HB_LIC	ADR_ZIP_CODE
Zip+4	The four-digit zip code extension.	Field	Character	4	T_PR_HB_LIC	ADR_ZIP_4

**2.7.100.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter the address 1.
City	Field	1	City is required.	Enter the city.
Effective Date	Field	1	Effective Date is required.	Enter the effective date.
Effective Date	Field	15	Effective Date must be greater than or equal to 1/1/1900.	Verify data entry. Effective date must be greater than or equal to 1/1/1900.
Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
Effective Date	Field	17	Effective date and end date range overlap an existing record.	Verify data entry. Date segments can not overlap for the same license number and license type.
End Date	Field	1	End Date is required.	Enter an end date.
End Date	Field	15	End Date must be greater than or equal to 1/1/1900.	Verify data entry. End date must be greater than or equal to 1/1/1900.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	16	Effective Date must be less than or equal to End Date.	Verify data entry. The effective date must be less than or equal to the end date.
End Date	Field	17	Effective date and end date range overlap an existing record.	Verify data entry. Date segments can not overlap for the same license number and license type.
License Number	Field	1	License Number is required.	Enter the license number.
License Number	Field	10	License Number must be at least 4 characters in length.	Verify data entry. The license number must be between three and ten characters.
License Number	Field	5000	License Number must be alphanumeric.	Verify data entry. Entry must be 0-9 or A-Z.
License Type	Field	1	License Type is required.	Choose the license type.
Name	Field	1	Name is required.	Enter the name.
SSN / FEIN	Field	1	SSN is required.	Enter the SSN.
State	Field	29	A valid State is required.	Choose a state code.
Status	Field	1	Status is required.	Choose a status.
Zip	Field	1	Zip is required.	Enter the zip code.

**2.7.100.8 Associated Requirements**

ID
30.050.003.001.23

**2.7.100.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
1081	Change Order	License Panel	There is a need to store the issuing state on the License panel.  Change the SSN tag to be SSN / FEIN because either may be included on the license.  Change the edit on the License Number field to require three characters instead of four.	Prod Implemented

## 2.7.101 PANEL: Facility

### 2.7.101.1 Description

Use the Facility panel to maintain facility data. These facilities are then associated to providers through the Provider Facility panel.

Navigation Path: [Provider - Related Data] - [Other] - [Facility]

### 2.7.101.2 Technical Name

Prov.Facility.ascx

### 2.7.101.3 Panel Name

Facility

### 2.7.101.4 Facility Layout

The screenshot displays the 'Facility' panel interface. At the top, there is a search section with a red header bar containing '» Facility' and window controls. Below this, there are input fields for 'Facility ID' and 'Facility Name', separated by 'OR'. 'search' and 'clear' buttons are positioned to the right. The main area is titled 'Search Results' and shows '\*\*\* No rows found \*\*\*'. Below this, a section labeled '-Facility Data-' contains a table with one row. The table has columns for Facility ID, Facility Name, Address 1, Address 2, City, State (a dropdown menu), and Zip. Below the table are 'delete' and 'add' buttons. A message 'Select row above to update -or- click Add button below.' is displayed above the table.

Facility ID	Facility Name	Address 1	Address 2	City	State	Zip

### 2.7.101.5 Extra Features

This panel has no extra features.

**2.7.101.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1 (Detail)	The mailing street of the facility.	Field	Character	50	T_FACILITY	ADR_STREET_1
Address 1 (List)	The mailing street of the facility.	Field	Character	50	T_FACILITY	ADR_STREET_1
Address 2	The optional second mailing street of the facility.	Field	Character	50	T_FACILITY	ADR_STREET_2
City (Detail)	The mailing city of the facility.	Field	Character	50	T_FACILITY	ADR_CITY
City (List)	The mailing city of the facility.	Field	Character	50	T_FACILITY	ADR_CITY
Facility ID (Detail)	The ID of the facility.	Field	Character	10	T_FACILITY	ID_FACILITY
Facility ID (List)	The ID of the facility.	Field	Character	10	T_FACILITY	ID_FACILITY
Facility ID [Search]	The ID of the facility.	Field	Character	10	T_FACILITY	ID_FACILITY
Facility Name (Detail)	The name of the facility.	Field	Character	50	T_PR_FACILITY	NAM_FACILITY
Facility Name (List)	The name of the facility.	Field	Character	50	T_FACILITY	NAM_FACILITY
Facility Name [Search]	The name of the facility.	Field	Character	50	T_FACILITY	NAM_FACILITY
State (Detail)	The two-character state abbreviation of the facility.	Field	Drop Down List Box	1	T_FACILITY	ADR_STATE
State (List)	The two-character state abbreviation of the facility.	Field	Character	2	T_FACILITY	ADR_STATE
Zip + 4	The zip code extension of the facility.	Field	Character	4	T_FACILITY	ADR_ZIP_4
Zip (Detail)	The zip code of the facility.	Field	Character	5	T_FACILITY	ADR_ZIP

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Zip (List)	The zip code of the facility.	Field	Character	5	T_FACILITY	ADR_ZIP

**2.7.101.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1 (Detail)	Field	1	Address 1 is required.	Enter the facility address 1.
City (Detail)	Field	1	City is required.	Enter the facility city.
Facility ID (Detail)	Field	29	A valid Facility ID is required	Enter a facility ID.
Facility ID (Detail)	Field	5000	A duplicate record cannot be saved.	Verify data entry. The facility ID entered already exists. Duplicate facility IDs can not be saved.
Facility Name (Detail)	Field	29	Facility Name is required.	Enter the facility name.
State (Detail)	Field	29	A valid State is required	Choose a state code.
Zip (Detail)	Field	1	Zip is required.	Enter a zip code.

**2.7.101.8 Associated Requirements**

ID
No associated requirements found.

**2.7.101.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.102 PANEL: Board Participant

### 2.7.102.1 Description

Use the Board Participant panel to maintain board participant data. Individual providers are linked to the board participants through the Provider Board Participant panel.

Navigation Path: [Provider - Related Data] - [Other] - [Board Participant]

### 2.7.102.2 Technical Name

Prov.BoardParticipant.ascx

### 2.7.102.3 Panel Name

BoaParCode

### 2.7.102.4 Board Participant Layout

The screenshot displays the 'Board Participant' panel. At the top, a red header bar contains the title '» Board Participant' and navigation controls: 'Top', 'Nav', '?', 'A', and 'X'. Below the header, the search section includes input fields for 'First Name', 'Last Name', and 'Tax ID', with an 'OR' option between 'Last Name' and 'Tax ID'. 'search' and 'clear' buttons are positioned on the right. The main content area is titled 'Search Results' and shows '\*\*\* No rows found \*\*\*'. Below this, a section labeled '-Board Participant Data-' provides instructions: 'Select row above to update -or- click Add button below.' The data entry form contains fields for 'First Name MI', 'Last Name', 'Address 1', 'Address 2', 'City', 'State' (a dropdown menu), and 'Zip'. A 'Tax ID' field is also present. At the bottom right of the form are 'Delete' and 'add' buttons.

### 2.7.102.5 Extra Features

This panel has no extra features.

**2.7.102.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address 1 (Detail)	Provider's Street Address 1.	Field	Character	50	T_BOARD_PART	ADR_STREET_1
Address 1 (List)	Provider's Street Address 1.	Field	Character	20	T_BOARD_PART	ADR_STREET_1
Address 2	Provider's Street Address 2.	Field	Character	50	T_BOARD_PART	ADR_STREET_2
City (Detail)	Provider's city.	Field	Character	50	T_BOARD_PART	ADR_CITY
City (List)	Provider's city.	Field	Character	20	T_BOARD_PART	ADR_CITY
First Name (Detail)	Provider's first name.	Field	Character	50	T_BOARD_PART	NAM_FIRST
First Name (List)	Provider's first name.	Field	Character	20	T_BOARD_PART	NAM_FIRST
First Name [Search]	First name.	Field	Character	50	T_BOARD_PART	NAM_FIRST
Last Name (Detail)	Provider's last name.	Field	Character	50	T_BOARD_PART	NAM_LAST
Last Name (List)	Provider's last name.	Field	Character	20	T_BOARD_PART	NAM_LAST
Last Name [Search]	Last name.	Field	Character	50	T_BOARD_PART	NAM_LAST
MI (Detail)	Provider's middle initial.	Field	Character	1	T_BOARD_PART	NAM_MIDDLE_INT
State (Detail)	Provider's state.	Field	Drop Down List Box	1	T_BOARD_PART	ADR_STATE
State (List)	Provider's state.	Field	Character	2	T_BOARD_PART	ADR_STATE
Tax ID (Detail)	Provider's Tax ID.	Field	Character	9	T_BOARD_PART	NUM_TAX_ID
Tax ID (List)	Provider's Tax ID.	Field	Character	9	T_BOARD_PART	NUM_TAX_ID
Tax ID [Search]	Provider's Tax ID.	Field	Character	9	T_BOARD_PART	NUM_TAX_ID
Zip	Provider's zip.	Field	Character	5	T_BOARD_PART	ADR_ZIP
Zip + 4	Provider's zip + 4.	Field	Character	4	T_BOARD_PART	ADR_ZIP_4

**2.7.102.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
Address 1 (Detail)	Field	1	Address 1 is required.	Enter the board participant address.
City (Detail)	Field	1	City is required.	Enter a city.
First Name (Detail)	Field	1	First Name is required.	Enter a board participant first name.
Last Name (Detail)	Field	1	Last Name is required.	Enter a board participant last name.
State (Detail)	Field	1	A valid State is required.	Choose a state code.
Tax ID (Detail)	Field	1	Tax ID is required.	Enter a board participant tax ID.
Tax ID (Detail)	Field	10	Tax ID must be Numeric.	Verify data entry. Enter a numeric tax ID.
Tax ID (Detail)	Field	18	Tax ID must be 9 character(s) in length.	Verify data entry. Enter a nine-digit tax ID.
Zip	Field	1	Zip is required.	Enter a board participant zip code.
Zip + 4	Field	9026	Zip Code Extension must be numeric.	Enter a number zip code extension.
Zip + 4	Field	9027	Zip Code Extension must be 4 digits.	Enter a four digit zip code extension.

**2.7.102.8 Associated Requirements**

ID
No associated requirements found.

**CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.103 PAGE: Provider Reports and Letters - Letters

### 2.7.103.1 Description

Provider Reports and Letters - Letters page provides access to the provider letter templates and the letter generator.

### 2.7.103.2 Technical Name

Prov.ProviderReportsandLetters-Letters.ascx

### 2.7.103.3 Web Page Name

ProvRepLet\_Let

### 2.7.103.4 Provider Reports and Letters - Letters Layout

The screenshot displays the 'Provider Reports and Letters' interface. At the top, the Kentucky state logo is on the left, and the user email 'lz8c6j@eds.kyxix.edsmhg.com' and date 'Tuesday, September 18, 2007' are on the right. Below the logo is the 'KyHealth Choices' header. A navigation bar contains links: Home, Claims, Reference, **Provider** (highlighted), Member, Financial, EPSDT, TPL, Managed Care, Prior Authorization, CTMS, and Site. Under the 'Provider' link, sub-links include search, enrollment, information, financial summary, related data, and **rpts & letters** (highlighted). The main content area has a red header bar with '» Provider Reports & Letters' and 'Select the report / letter to view.'. On the left of this area is a sidebar with 'Reports' (highlighted) and 'Letters'. The main area lists six options: Adhoc Report, EFT Provider Activity, Provider Aged Tracking, Audit Report Request, Label Report, and Provider QA. At the bottom left are 'save' and 'cancel' buttons. On the top right of the main area are links for 'Plugin', 'Prefs', 'Top', 'Bot', '?', and an upward arrow.

## 2.7.104 PAGE: Provider Reports and Letters - Reports

### 2.7.104.1 Description

Provider Reports and Letters - Reports page provides access to the Adhoc Report Request, Label Report, EFT Verification Report, Provider Aged Tracking Report, and the QA Report Panels.

### 2.7.104.2 Technical Name

Prov.ProviderReportsandLetters-Reports.ascx

### 2.7.104.3 Web Page Name

ProvRepLet\_Rep

### 2.7.104.4 Provider Reports and Letters - Reports Layout

» Provider Reports & Letters		Select the report / letter to view.		Plugin Prefs Top Bot ? ⤴	
<div>Reports</div> <div>Letters</div>	Adhoc Report		Audit Report Request		
	EFT Provider Activity		Label Report		
Provider Aged Tracking		Provider QA			
<div>save</div> <div>cancel</div>					

## 2.7.105 PANEL: Adhoc Report

### 2.7.105.1 Description

The Adhoc Report panel allows authorized users to create provider listings on request based on varying criteria.

Navigation Path: [Provider - Rpts and Letters] - [ Adhoc Report ]

### 2.7.105.2 Technical Name

Prov.ProviderAdhocCriteriaPanel.ascx

### 2.7.105.3 Panel Name

Adhoc Report

### 2.7.105.4 Adhoc Report Layout

The screenshot displays the 'Adhoc Report' panel with a search results table and search criteria form.

Search Results									
Type	Specialty	County	Group Indicator	Provider ID	Program Name	Status	Zip Code		
A									
01 - 06	014 - 030	02 - 16	Group	000000001 - 999999999	TEST	Term. by HPB	12345 - 65433		
03 - 10	014 - 030	02 - 21	Group	100238279 - 200309600	MCAID	Retired	12345 - 99751		
01 - 07	013 - 030	05 - 23	Group	000111122 - 123654866	TXIX		12345 - 98765		
03 - 10	011 - 060	101 - 104	Group	000000001 - 999988887	DDSD	Normal Provider	12345 - 98765		

Type data below for new record.

Type From	02	[ Search ]	Provider ID From	123456789
Type To		[ Search ]	Provider ID To	
Specialty From		[ Search ]	Program	Medicaid
Specialty To		[ Search ]	Status	
County From	10 Carter		Zip Code From	
County To	17 Cotton		Zip Code To	98765
Group Indicator				

delete add

### 2.7.105.5 Extra Features

This panel has no extra features.

**2.7.105.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Group Indicator	The user can choose to only produce labels for a groups or individual providers by choosing a value from the drop down.	Combo Box	Drop Down List Box	0	T_PR_LABEL_CRIT	IND_GRP_INDIV
Program (Detail)	The user can choose to only produce labels for a specific provider program by choosing a value from the drop down.	Combo Box	Drop Down List Box	0	T_PR_LABEL_CRIT	SAK_PROV_PGM
Status	The user can choose to only produce labels for a specific provider status by choosing a value from the drop down.	Combo Box	Drop Down List Box	0	T_PR_LABEL_CRIT	IND_STATUS
County (List)	The provider county range.	Field	Character	7	T_PR_LABEL_CRIT	CDE_CNTY_FROM - CDE_CNTY_TO
County From	The provider county from value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_CNTY_FROM
County To	The provider county to value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_CNTY_TO
Program Name (List)	The provider program name.	Field	Character	20	T_PR_ENROLL_PGM	DSC_PGM
Provider ID From	The provider ID from value.	Field	Character	15	T_PR_LABEL_CRIT	ID_PROVIDER_FROM
Provider ID To	The provider ID to value.	Field	Character	15	T_PR_LABEL_CRIT	ID_PROVIDER_TO
Specialty (List)	The provider specialty range.	Field	Character	9	T_PR_LABEL_CRIT	CDE_PR_FROM_SPEC

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Specialty From	The provider specialty from value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_PR_FROM_SPEC
Specialty To	The provider specialty to value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_PR_TO_SPEC
Status (List)	The provider status description.	Field	Character	21	T_PR_LABEL_CRIT	IND_STATUS
Type (List)	The provider type range.	Field	Character	7	T_PR_LABEL_CRIT	CDE_TYPE_FROM - CDE_TYPE_TO
Type From	The provider type from value.	Field	Character	2	T_PR_LABEL_CRIT	CDE_TYPE_FROM
Type To	The provider type to value.	Field	Character	2	T_PR_LABEL_CRIT	CDE_TYPE_TO
Zip Code (List)	The provider zip code range.	Field	Character	13	T_PR_LABEL_CRIT	ADR_ZIP_CODE_FROM
Zip Code From	The provider zip code from value.	Field	Character	5	T_PR_LABEL_CRIT	ADR_ZIP_CODE_FROM
Zip Code To	The provider zip code to value.	Field	Character	5	T_PR_LABEL_CRIT	ADR_ZIP_CODE_TO

**2.7.105.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.105.8 Associated Requirements**

ID
No associated requirements found.

**2.7.105.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.106 PANEL: EFT Verification Report****2.7.106.1 Description**

The EFT Verification Report panel displays the provider's electronic funds transfer banking information.

Navigation Path: [Provider - Reports and Letters] - [EFT Provider Activity]

**2.7.106.2 Technical Name**

Prov.EFTVerificationReport.ascx

**2.7.106.3 Panel Name**

EFTVerRe

**2.7.106.4 EFT Verification Report Layout**

**EFT Provider Activity** Top Nav ? ^ X

From Date: 10/24/2005 To Date: 10/24/2006

Sort Order: Provider ID

Report Format: HTML

Compare Reports: ☐

view

Report: PRV-0031-R

Commonwealth of Kentucky

Date: 10/24/2006

From Date: 10/24/2005

EFT Verification Report

Time: 9:58 AM

To Date: 10/24/2006

Page # 1 of 1

PROVIDER	ID TYPE	ABA NUMBER	EFT STATUS	ACCOUNT NUMBER	ACCOUNT TYPE	EFFECTIVE DTE	END DATE	CHANGED DATE
100000029C	MCD	123456789	Active	12345678901234567	Checking	07/18/2231	10/09/2006	07/18/2006

**2.7.106.5 Extra Features**

This panel has no extra features.

**2.7.106.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Compare Reports	When selected this checkbox displays the reports in a different view or browser so two reports can be displayed side by side.	Check Box	Check Box	0	N/A	N/A
Report Format	The report will be displayed in the report format chosen (PDF, HTML, or EXCEL).	Combo Box	Character	5	N/A	N/A
Sort Order	The order the report will be sorted.	Combo Box	Character	16	N/A	N/A
From Date	The “From” date of the report query.	Field	Number	10	N/A	N/A
To Date	The “To” date of the report query.	Field	Number	10	N/A	N/A

**2.7.106.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
From Date	Field	1	Invalid date. Format is mm/dd/yyyy.	Enter a date with format of MM/DD/YYYY.
From Date	Field	2	From Date must be greater than or equal to 1/1/1900.	Enter a date with format of MM/DD/YYYY.
From Date	Field	5000	From Date is required.	Enter a date with format of MM/DD/YYYY.
To Date	Field	1	Invalid date. Format is mm/dd/yyyy.	Enter a date with format of MM/DD/YYYY.
To Date	Field	2	To Date must be greater than or equal to 1/1/1900.	Enter a date with format of MM/DD/YYYY.
To Date	Field	5000	To Date is required.	Enter a date with format of MM/DD/YYYY.

**2.7.106.8 Associated Requirements**

ID
No associated requirements found.

**2.7.106.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.107 PANEL: Label Report

### 2.7.107.1 Description

Use the Label Report panel to request labels to be produced for selected providers that meet the entered criteria.

Navigation Path: [Provider - Reports and Letters] - [Label Report]

### 2.7.107.2 Technical Name

Prov.LabelReport.ascx

### 2.7.107.3 Panel Name

LabelReport

### 2.7.107.4 Label Report Layout

The screenshot displays the 'Label Report' panel with a search results table and filter controls.

Type	Specialty	County	Zip Code	Contract Name	Status	Provider Number
01 - 01	012 - 012			NACIP	Active	

Type changes below.

**Filters:**

- Type From: 01 [ Search ]
- Type To: 01 [ Search ]
- Specialty From: 012 [ Search ]
- Specialty To: 012 [ Search ]
- Contract: Non Acute Care Inpt [ v ]
- Status: Active [ v ]
- Group Indicator: Individual [ v ]
- Provider Number From: [ ]
- Provider Number To: [ ]
- County From: [ v ]
- County To: [ v ]
- Zip Code From: [ ]
- Zip Code To: [ ]

**Buttons:** delete, add

### 2.7.107.5 Extra Features

This panel has no extra features.

**2.7.107.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Contract	The user can choose to only produce labels for a specific provider program by choosing a value from the drop down.	Combo Box	Drop Down List Box	0	T_PR_LABEL_CRIT	SAK_PROV_PGM
Group Indicator	The user can choose to only produce labels for a groups or individual providers by choosing a value from the drop down.	Combo Box	Drop Down List Box	0	T_PR_LABEL_CRIT	IND_GRP_INDIV
Status	The user can choose to only produce labels for a specific provider status by choosing a value from the drop down.	Combo Box	Drop Down List Box	0	T_PR_LABEL_CRIT	IND_STATUS
Contract Name (List)	The provider contract name.	Field	Character	20	T_PR_ENROLL_PGM	DSC_PGM
County (List)	The provider county range.	Field	Character	7	T_PR_LABEL_CRIT	CDE_CNTY_FROM - CDE_CNTY_TO
County From	The provider county from value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_CNTY_FROM
County To	The provider county to value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_CNTY_TO
Provider Number (List)	The provider number range.	Field	Character	23	T_PR_LABEL_CRIT	ID_PROVIDER_FROM- ID_PROVIDER_TO
Provider Number From	The provider number from value.	Field	Character	10	T_PR_LABEL_CRIT	ID_PROVIDER_FROM

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Provider Number To	The provider number to value.	Field	Character	10	T_PR_LABEL_CRIT	ID_PROVIDER_TO
Specialty (List)	The provider specialty range.	Field	Character	9	T_PR_LABEL_CRIT	CDE_PR_FROM_SPEC- CDE_PR_TO_SPEC
Specialty From	The provider specialty from value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_PR_FROM_SPEC
Specialty To	The provider specialty to value.	Field	Character	3	T_PR_LABEL_CRIT	CDE_PR_TO_SPEC
Status (List)	The provider status description.	Field	Character	21	T_PR_LABEL_CRIT	IND_STATUS
Type (List)	The provider type range.	Field	Character	7	T_PR_LABEL_CRIT	CDE_TYPE_FROM - CDE_TYPE_TO
Type From	The provider type from value.	Field	Character	2	T_PR_LABEL_CRIT	CDE_TYPE_FROM
Type To	The provider type to value.	Field	Character	2	T_PR_LABEL_CRIT	CDE_TYPE_TO
Zip Code (List)	The provider zip code range.	Field	Character	13	T_PR_LABEL_CRIT	ADR_ZIP_CODE_FROM- ADR_ZIP_CODE_T
Zip Code From	The provider zip code from value.	Field	Character	5	T_PR_LABEL_CRIT	ADR_ZIP_CODE_FROM
Zip Code To	The provider zip code to value.	Field	Character	5	T_PR_LABEL_CRIT	ADR_ZIP_CODE_TO

**2.7.107.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
County From	Field	145	County From cannot be greater than County To.	Verify data entry. County from must be less than or equal to county to.

Field	Field Type	Error Code	Error Message	To Correct
Provider Number From	Field	1	Provider From ID must be 9 character(s) in length.	Enter a From Provider ID with nine characters.
Provider Number From	Field	148	From Provider ID cannot be greater than To Provider ID.	Enter a From Provider ID with nine characters.
Specialty From	Field	146	From Specialty Code cannot be greater than To Specialty Code.	Verify data entry. Specialty from must be less than or equal to specialty to.
Specialty From	Field	151	Specialty is invalid.	Verify data entry. Specialty from must be less than or equal to specialty to.
Specialty From	Field	5000	Specialty From not valid.	Verify data entry. Specialty from must be less than or equal to specialty to.
Specialty To	Field	151	Specialty is invalid.	Verify data entry. Enter or search for a valid specialty code.
Specialty To	Field	5000	Specialty To not valid.	Verify data entry. Enter or search for a valid specialty code.
Type From	Field	147	From Provider Type Code cannot be greater than To Provider Type Code.	Verify data entry. Provider type to must be less than or equal to provider type to.
Type From	Field	150	Provider type is invalid.	Verify data entry. Provider type to must be less than or equal to provider type to.
Type From	Field	5000	Type From not valid	Verify data entry. Provider type to must be less than or equal to provider type to.
Type To	Field	150	Provider type is invalid.	Verify data entry. Enter or search for a valid provider type.
Type To	Field	5000	Type To not valid.	Verify data entry. Enter or search for a valid provider type.

Field	Field Type	Error Code	Error Message	To Correct
Zip Code From	Field	149	From Zip Code cannot be greater than To Zip Code.	Verify data entry. Zip code from must be less than or equal to zip code to.

**2.7.107.8 Associated Requirements**

ID
No associated requirements found.

**2.7.107.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.108 PANEL: Provider Aged Tracking Report****2.7.108.1 Description**

The Provider Aged Tracking Report panel displays an ad hoc report showing the provider applications received in the specified time period and their current status. This report is used to ensure that all applications are being processed in a timely manner.

Navigation Path: [Provider - Reports and Letters] - [Provider Aged Tracking Report]

**2.7.108.2 Technical Name**

Prov.ProviderAgedTrackingReport.ascx

**2.7.108.3 Panel Name**

ProvATRe

For readability the layout displays on the next page.

**2.7.108.4 Provider Aged Tracking Report Layout**

Provider Aged Tracking			
From Date	09/12/2004	To Date	09/12/2005
Sort Order	Provider Name		
Report Format	HTML	Compare Reports	<input type="checkbox"/>
Report: PRV-0001-R		Commonwealth of Kentucky MMIS	Date: 2005/09/01
From Date: 2004/09/01		Provider Aged Tracking Report	Time: 1:14 PM
To Date: 2005/09/01			Page # 1 of 2

NAME	ATN	STATUS	REC DATE	RTP CNT	RTP SENT DATE	RTP REC DATE	FINALIZED DATE
BAKERS CLINIC	149	In Process	2005/08/16	0			
BARKER, BETSY B	148	Enrolled	2005/08/15	0	2005/08/15	2005/08/15	2005/08/15
CLAY AID PHARMACY	128	Approved	2005/06/14	0			
FELLOWS INC	109	Awaiting Additional Info	2005/04/08	0			
FELLOWS INC III	130	Enrolled	2005/06/21	1	2005/06/21		2005/06/22
FELLOWS LTD	129	Enrolled	2005/06/16	0			2005/06/16
GROUP HEALTH EAUCLAIRE	132	Enrolled	2005/07/21	0			2005/07/21
H	126	Enrolled	2005/05/17	0			2005/05/17
HAYDEN, JESSE V	146	Enrolled	2005/08/01	0			2005/08/02
HEATHER SANCHEZ	117	Enrolled	2005/05/06	0			2005/05/06
HEATHER SANCHEZ	119	Enrolled	2005/05/06	0			2005/05/06
HEATHER SANCHEZ	106	Enrolled	2005/04/04	0			2005/04/04
HEATHER'S CLINIC	105	Enrolled	2005/04/04	0			2005/04/04
HELLO	143	Approved	2005/07/26	0			
KERRIGAN, OLIVE A	131	Awaiting Initial Info	2005/06/21	0			

**2.7.108.5 Extra Features**

This panel has no extra features.

**2.7.108.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Compare Reports	When selected this checkbox displays the reports in a different view or browser so two reports can be displayed side by side.	Check Box	Check Box	0	N/A	N/A
Report Format	The report will be displayed in the report format chosen (PDF, HTML, or EXCEL).	Combo Box	Character	5	N/A	N/A
Sort Order	The order the report will be sorted.	Combo Box	Character	13	N/A	N/A
ATN	The provider's application tracking number.	Field	Character	9	T_PR_APPLN	SAK_ATN
Finalized Date	Date the application was finalized.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_FINALIZED
From Date	The "From" date of the report query.	Field	Number	10	N/A	N/A
Name	Name of provider.	Field	Character	50	T_PR_APPLN	NAME
RTP Cnt	The number of times the application has been returned to the provider.	Field	Number	1	T_PR_APPLN	QTY_RTN_TO_PROV
RTP Rec Date	The date that the corrected application was returned to the account.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RTP_REC
RTP Sent Date	The date the Return to Provider letter was sent.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RTP
Rec Date	The date the application was received and entered into the system.	Field	Date (MM/DD/CCYY)	8	T_PR_APPLN	DTE_RECEIVED
Status	The status of the provider's application.	Field	Character	15	T_PR_APPLN	CDE_STATUS1
To Date	The "To" date of the report query.	Field	Number	10	N/A	N/A

**2.7.108.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
From Date	Field	1	From Date [date] must be less than or equal to the To Date [date].	Enter a From date that is less than or equal to the To Date.
From Date	Field	5000	From Date is required.	Enter a From date that is less than or equal to the To Date.
Name	Field	1	Name is required.	Enter the provider name.
Name	Field	5000	Both First Name and Last Name are required.	Enter the provider name.
Name	Field	5001	Warning: Duplicate Name and Type.	Enter the provider name.
To Date	Field	5000	To Date is required.	Enter a valid To Date.

**2.7.108.8 Associated Requirements**

ID
No associated requirements found.

**2.7.108.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

## 2.7.109 PANEL: QA Report

### 2.7.109.1 Description

The Provider QA Report panel displays current enrollments for general information or address information. Sort the data by provider number, name, or provider type. Information is drawn from provider tables for providers who are enrolled through the system.

Navigation Path: [Provider - Reports and Letters] - [Provider QA]

### 2.7.109.2 Technical Name

Prov.QAReport.ascx

### 2.7.109.3 Panel Name

QAReport

### 2.7.109.4 QA Report Layout

The screenshot shows a web-based form titled "Provider QA". It includes the following elements:

- From Date:** A text box containing "09/12/2004".
- To Date:** A text box containing "09/12/2005".
- Sort Order:** A dropdown menu with "Provider ID" selected.
- Select Report:** A dropdown menu with "General Info" selected.
- Report Format:** A dropdown menu with "HTML" selected.
- Compare Reports:** An unchecked checkbox.
- view:** A blue button on the right side of the form.

### 2.7.109.5 Extra Features

This panel has no extra features.

### 2.7.109.6 Field Descriptions

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Compare Reports	When selected this checkbox displays the reports in a different view or browser so two reports can be displayed side by side.	Check Box	Check Box	0		
Report Format	The report will be displayed in the report format chosen (PDF, HTML, or EXCEL).	Combo Box	Character	5		
Select Report	The version of the report the user would like to view.	Combo Box	Character	12		
Sort Order	The order the report will be sorted.	Combo Box	Character	13		

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
From Date	The “From” date of the report query.	Field	Number	10		
To Date	The “To” date of the report query.	Field	Number	10		

**2.7.109.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
From Date	Field	5000	From Date is required.	Enter a valid From date.
To Date	Field	5000	To Date is required.	Enter a valid To date.

**2.7.109.8 Associated Requirements**

ID
No associated requirements found.

**2.7.109.9 CO / Defects**

ID	Type	Name	Description	Current Status
No associated change orders found.				

**2.7.110 PAGE: Provider Search Page****2.7.110.1 Description**

Use the Provider Search page to access provider records using flexible selection criteria. The provider record is selected by data entry data in the desired search criteria. The sort order for this panel is by Provider Name. Only one set of search criteria may be entered at a time.

**2.7.110.2 Technical Name**

Prov.ProviderSearchPage.ascx

**2.7.110.3 Web Page Name**

ProviderSearch

For readability the layout displays on the next page.

## 2.7.110.4 Provider Search Page Layout

**Provider Search** ?

<b>Provider Number</b>	<input type="text"/>	<b>Business OR Last Name</b>	<input type="text" value="COUNTRY"/>	<b>Sounds-like</b>	<input type="checkbox"/>
<b>License</b>	<input type="text"/>	<b>First, MI</b>	<input type="text"/>	<b>Electronic Billing Status</b>	<input type="text"/>
<b>Medicare</b>	<input type="text"/>	<b>Type</b>	<input type="text"/>	<b>Contract Status</b>	<input type="text"/>
<b>UPIN</b>	<input type="text"/>	<b>Specialty</b>	<input type="text"/>		
<b>Tax ID</b>	<input type="text"/>	<b>Contract</b>	<input type="text"/>		
<b>CLIA Number</b>	<input type="text"/>	<b>County</b>	<input type="text"/>		
<b>NPI</b>	<input type="text"/>	<b>Zip Code</b>	<input type="text"/>		
<b>SSN</b>	<input type="text"/>				

**Records** 20

**Search Results**

National Provider ID	Medicaid Provider Number	Base Provider Number	Name	Type	Description	Address	City	State	Zip
1000001872	100793669B	10079367	COUNTRY MEDICAL CLINIC	90	DME Supplier	4873 MAIN ST	PORTLAND	KY	97501
1000001900	100805059B	10080506	COUNTRY MEDICAL CLINIC	64	Physician Individual	PO BOX 4910	PORTLAND	KY	97501
1000000529	100243269C	10024327	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 4962	PORTLAND	KY	97501
1000001320	100710119F	10071012	COUNTRY MEDICAL CLINIC	01	General hospital	4669 MAIN ST	PORTLAND	KY	97501
1000001398	100720609H	10072061	COUNTRY MEDICAL CLINIC	01	General hospital	4415 NE 1ST ST	PORTLAND	KY	97501
1000001392	100720609B	10072061	COUNTRY MEDICAL CLINIC	01	General hospital	4407 NE 1ST ST	PORTLAND	KY	97501
1000001422	100725269A	10072527	COUNTRY MEDICAL CLINIC	01	General hospital	4444 PARK AVE	SALEM	KY	97501
1000001457	100728239A	10072824	COUNTRY MEDICAL CLINIC	01	General hospital	4461 MAIN ST	PORTLAND	KY	97501
1000001028	100684999D	10068500	COUNTRY MEDICAL CLINIC	37	Independent Laboratory	3017 MAIN ST	SALEM	KY	97501
1000001699	100757659F	10075766	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 3070	PORTLAND	KY	97501
1000001697	100757659D	10075766	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 3070	PORTLAND	KY	97501
1000000335	100191749F	10019175	COUNTRY MEDICAL CLINIC	90	DME Supplier	3196 PARK AVE	SALEM	KY	97501
1000000331	100191749A	10019175	COUNTRY MEDICAL CLINIC	01	General hospital	3193 MAIN ST	PORTLAND	KY	97501
1000001583	100753219A	10075322	COUNTRY MEDICAL CLINIC	01	General hospital	3455 NE 1ST ST	PORTLAND	KY	97501
1000000520	100242409E	10024241	COUNTRY MEDICAL CLINIC	01	General hospital	3496 PARK AVE	SALEM	KY	97501
1000000523	100243109B	10024311	COUNTRY MEDICAL CLINIC	01	General hospital	3501 MAIN ST	PORTLAND	KY	97501
1000000820	100639939C	10063994	COUNTRY MEDICAL CLINIC	50	Hearing Aid Dealer	PO BOX 3550	SALEM	KY	97501
1000001189	100687959A	10068796	COUNTRY MEDICAL CLINIC	01	General hospital	3245 MAIN ST	PORTLAND	KY	97501
1000000803	100636269B	10063627	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 4506	SALEM	KY	97501
1000000997	100683389A	10068339	COUNTRY MEDICAL CLINIC	01	General hospital	4541 MAIN ST	SALEM	KY	97501

1 2 3 4 5 6 7 8 9 10 ... Next >

**2.7.111 PANEL: Provider Search****2.7.111.1 Description**

Use the Provider Search panel to access provider records using flexible selection criteria. Select the provider record by entering data in the desired search criteria.

Navigation Path: [Provider - Search]

**2.7.111.2 Technical Name**

Prov.ProviderSearch.ascx

**2.7.111.3 Panel Name**

ProvSearch

**2.7.111.4 Provider Search Layout**

The screenshot shows the 'Provider Search' panel with a blue header and a light blue background. The panel is organized into several sections for data entry:

- Provider Identification:** Fields for Provider Number, License, Medicare, UPIN, Tax ID, CLIA Number, NPI, and SSN.
- Business Information:** Fields for Business OR Last Name, First, MI, Type (dropdown), Specialty (dropdown), Contract (dropdown), County (dropdown), and Zip Code.
- Search Criteria:** Fields for COUNTRY, Sounds-like (checkbox), Electronic Billing Status (dropdown), and Contract Status (dropdown).
- Results Control:** A 'Records' dropdown set to 20, and 'search' and 'clear' buttons.

**2.7.111.5 Extra Features**

This panel has no extra features.

**2.7.111.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Business OR Last Name	The name of the business of the owner or last name of provider.	Field	Character	50	T_PR_NAM	NAME
CLIA Number	CLIA number of the provider.	Field	Character	10	T_PR_CLIA_STAT	NUM_CLIA
Contract	Contract of the provider (example Medicaid, KenPAC, Passport).	Field	Drop Down List Box	1	T_PR_ENROLL_PGM	DSC_PROV_PGM
Contract Status	Status of the provider.	Field	Drop Down List Box	1	T_PR_ENROLL_STATUS	DSC_ENROLL_STATUS
County	County of the provider.	Field	Drop Down List Box	3	T_COUNTY	DSC_COUNTY
Electronic Billing Status	Yes or No indicator.	Field	Drop Down List Box	1	N/A	N/A
First Name	The first name of provider.	Field	Character	13	T_PR_NAM	NAME
License	The license number assigned to the provider.	Field	Character	10	T_PR_HB_LIC	NUM_LICENSE
MI	Middle initial for middle name.	Field	Character	1	T_PR_NAM	NAME
Medicare	Medicare number.	Field	Character	10	T_PR_MCARE_BILL	NUM_MEDICARE
NPI	NPI of the provider.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Provider Number	The ID of the provider.	Field	Number	10	T_PR_PROV	ID_PROVIDER
SSN	Provider's Social Security number, if applicable.	Field	Character	9	T_PR_PROV	NUM_PROV_SSN

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Sounds-like	Enables a “sounds like” search to be made on the provider name.	Field	Check Box	0	T_PR_NAM	CDE_SOUNDEX
Specialty	Specialty of the provider.	Field	Drop Down List Box	1	T_PR_SPEC_CDE	DSC_PROV_SPEC
Tax ID	The tax ID of the provider.	Field	Character	9	T_PR_TAX_ID	NUM_TAX_ID
Type	Type of the provider.	Field	Drop Down List Box	1	T_PR_CDE_TYPE	DSC_PROV_TYPE
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6	T_PR_PROV	NUM_UPIN
Zip Code	Zip code of the provider.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP

**2.7.111.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.111.8 Associated Requirements**

ID
30.090.003.002.20

**2.7.111.9 CO / Defects**

ID	Type	Name	Description	Current Status
2037	Change Order	Change Provider Id to Number	The Provider ID tag needs to be replaced with Provider Number.	Prod Implemented

ID	Type	Name	Description	Current Status
22	Change Order	Provider Search	<p>Add ability to search by various criteria to the provider search page. Including:</p> <ul style="list-style-type: none"><li>• Phonetic search capability by provider name;</li><li>• Provider name - including partial name;</li><li>• Provider number;</li><li>• SSN;</li><li>• FEIN;</li><li>• CLIA number;</li><li>• Provider type and specialty;</li><li>• County;</li><li>• Zip code;</li><li>• Electronic billing status;</li><li>• Status code;</li><li>• Provider license number;</li><li>• Provider program; and,</li><li>• NPI.</li></ul>	Prod Implemented

## 2.7.112 PANEL: Provider Search Results

### 2.7.112.1 Description

The Provider Search Results panel displays provider records based upon the search criteria entered on the Provider Search panel.

Navigation Path: [Provider - Search]

### 2.7.112.2 Technical Name

Prov.ProviderSearchResults.ascx

### 2.7.112.3 Panel Name

ProvSearchRes

### 2.7.112.4 Provider Search Results Layout

Search Results									
National Provider ID	Medicaid Provider Number	Base Provider Number	Name	Type	Description	Address	City	State	Zip
1000001872	100793669B	10079367	COUNTRY MEDICAL CLINIC	90	DME Supplier	4873 MAIN ST	PORTLAND	KY	97501
1000001900	100805059B	10080506	COUNTRY MEDICAL CLINIC	64	Physician Individual	PO BOX 4910	PORTLAND	KY	97501
1000000529	100243269C	10024327	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 4962	PORTLAND	KY	97501
1000001320	100710119F	10071012	COUNTRY MEDICAL CLINIC	01	General hospital	4669 MAIN ST	PORTLAND	KY	97501
1000001398	100720609H	10072061	COUNTRY MEDICAL CLINIC	01	General hospital	4415 NE 1ST ST	PORTLAND	KY	97501
1000001392	100720609B	10072061	COUNTRY MEDICAL CLINIC	01	General hospital	4407 NE 1ST ST	PORTLAND	KY	97501
1000001422	100725269A	10072527	COUNTRY MEDICAL CLINIC	01	General hospital	4444 PARK AVE	SALEM	KY	97501
1000001457	100728239A	10072824	COUNTRY MEDICAL CLINIC	01	General hospital	4461 MAIN ST	PORTLAND	KY	97501
1000001028	100684999D	10068500	COUNTRY MEDICAL CLINIC	37	Independent Laboratory	3017 MAIN ST	SALEM	KY	97501
1000001699	100757659F	10075766	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 3070	PORTLAND	KY	97501
1000001697	100757659D	10075766	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 3070	PORTLAND	KY	97501
1000000335	100191749F	10019175	COUNTRY MEDICAL CLINIC	90	DME Supplier	3196 PARK AVE	SALEM	KY	97501
1000000331	100191749A	10019175	COUNTRY MEDICAL CLINIC	01	General hospital	3193 MAIN ST	PORTLAND	KY	97501
1000001583	100753219A	10075322	COUNTRY MEDICAL CLINIC	01	General hospital	3455 NE 1ST ST	PORTLAND	KY	97501
1000000520	100242409E	10024241	COUNTRY MEDICAL CLINIC	01	General hospital	3496 PARK AVE	SALEM	KY	97501
1000000523	100243109B	10024311	COUNTRY MEDICAL CLINIC	01	General hospital	3501 MAIN ST	PORTLAND	KY	97501
1000000820	100639939C	10063994	COUNTRY MEDICAL CLINIC	50	Hearing Aid Dealer	PO BOX 3550	SALEM	KY	97501
1000001189	100687959A	10068796	COUNTRY MEDICAL CLINIC	01	General hospital	3245 MAIN ST	PORTLAND	KY	97501
1000000803	100636269B	10063627	COUNTRY MEDICAL CLINIC	01	General hospital	PO BOX 4506	SALEM	KY	97501
1000000997	100683389A	10068339	COUNTRY MEDICAL CLINIC	01	General hospital	4541 MAIN ST	SALEM	KY	97501

1 2 3 4 5 6 7 8 9 10 ... Next >

### 2.7.112.5 Extra Features

This panel has no extra features.

**2.7.112.6 Field Descriptions**

Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
Address	Provider address.	Field	Character	30	T_PR_ADR	ADR_MAIL_STRT1
Base Provider Number	Provider base number assigned by EDS.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
City	Provider city.	Field	Character	30	T_PR_ADR	ADR_MAIL_CITY
Description	Provider type description.	Field	Character	15	T_PR_CDE_TYPE	DSC_PROV_TYPE
Medicaid Provider Number	Provider number assigned by Medicaid.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
Name	Last name, first name and middle initial of provider.	Field	Character	40	T_PR_NAM	NAME
National Provider ID	Provider's NPI.	Field	Character	10	T_PR_IDENTIFIER	ID_PROVIDER
State	Provider state.	Field	Character	2	T_PR_ADR	ADR_MAIL_STATE
Type	Provider type.	Field	Character	2	T_PR_TYPE	CDE_PROV_TYPE
Zip	Provider zip code.	Field	Character	5	T_PR_ADR	ADR_MAIL_ZIP

**2.7.112.7 Field Edits**

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this window.				

**2.7.112.8 Associated Requirements**

ID
No associated requirements found.

**2.7.112.9 CO / Defects**

<b>ID</b>	<b>Type</b>	<b>Name</b>	<b>Description</b>	<b>Current Status</b>
22	Change Order	Provider Search	<p>Add ability to search by various criteria to the provider search page, including:</p> <ul style="list-style-type: none"><li>• Phonetic search capability by provider name;</li><li>• Provider name - including partial name;</li><li>• Provider number;</li><li>• SSN;</li><li>• FEIN;</li><li>• CLIA number;</li><li>• Provider type and specialty;</li><li>• County;</li><li>• Zip code;</li><li>• Electronic billing status;</li><li>• Status code;</li><li>• Provider license number;</li><li>• Provider program; and,</li><li>• NPI.</li></ul>	Prod Implemented

## **2.8 Reports**

The following section provides a description and sample layout for each Report associated to the Member Data Maintenance subsystem.

Some information in this section is represented in table format. In order to fit information on the page, some data field information may wrap to the next line.

### **2.8.1 PRV-0010-R -- Label Print Request Summary Information**

This report has the Label Print Request Summary Information. It lists the criteria chosen to produce the labels along with the user ID and clerk name of the requestor. This summary page is produced as a heading page prior to printing the actual labels. The operations staff uses it to determine where to deliver the labels.

#### **2.8.1.1 Technical Name**

PRV-0010-R

#### **2.8.1.2 Sort Order**

Zip Code

#### **2.8.1.3 Label Print Request Summary Information Layout**

For readability, the report layout displays on the next page.

```
REPORT   : PRV-0010-R          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
PROCESS  : PRVJD010          MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time:  HH:MM:SS
LOCATION:  PRVP010D          PROVIDER MAILING LABELS
```

\*\* Label Print Request Information

```
User Id       : XXXXXXXX
Requestor Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date Requested: MM/DD/CCYY
```

Print Request Selection Criteria

```
Provider from   = XXXXXXXXXX
Provider to     = XXXXXXXXXX
Type From       = XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Type To         = XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Specialty from  = XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Specialty to    = XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

County from     = XXX XXXXXXXXXXXXXXX
County to       = XXX XXXXXXXXXXXXXXX
Zip code from   = XXXXX
Zip code to     = XXXXX
Pgm Code/Name   = XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Status          = XXXXXXXXXXXXXXXXXXXXXXX
Report Indicator = X
Group Indicator  = X
Order by zip code 9 digits
```

\*\* END OF LABEL PRINT REQUEST \*\*

T\_PR\_LABEL\_CRIT : NO LABEL PRINT REQUEST FOUND THIS RUN \*\*

**2.8.1.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
County from	This is the start of the range of provider's county that was selected for print.	3	Character	T_PR_LABEL_CRIT	CDE_CNTY_FROM
County to	This is the end of the range of provider's county that was selected for print.	3	Character	T_PR_LABEL_CRIT	CDE_CNTY_TO
Date Requested	This is the date of the request for the mailing labels.	8	Date (CCYY/MM/DD)	T_PR_LABEL_CRIT	DTE_ADDED
Order by	This is the field that describes what order the mailing labels were requested to be printed.	20	Character	T_PR_LABEL_CRIT	CDE
Pgm Code/Name	This is the program for which the labels are being printed.	5	Character	T_PR_ENROLL_PGM	CDE_PROV_PGM
Requestor Name	This is the name of the clerk that made the provider mailing label request.	39	Character	T_ANALYST	NAM_FIRST NAM_LAST
Specialty from	This is the start of the range of provider specialties that were selected for print.	3	Character	T_PR_LABEL_CRIT	CDE_PR_FROM_SPEC
Specialty to	This is the end of the range of provider specialties that were selected for print.	3	Character	T_PR_LABEL_CRIT	CDE_PR_TO_SPEC
Status	This is the enrollment status of the provider.	50	Char	T_PR_LABEL_CRIT	IND_STATUS
Type From	This is the start of the range of provider types that were selected for print.	2	Character	T_PR_LABEL_CRIT	CDE_TYPE_FROM
Type To	This is the end of the range of provider types that were selected for print.	2	Character	T_PR_LABEL_CRIT	CDE_TYPE_TO

Field	Description	Length	Data Type	DB Table	DB Attributes
User Id	This is the user ID of the clerk that made the request for the labels.	8	Character	T_PR_LABEL_CRIT	ID_CLERK
Zip code from	This is the start of the range of provider's zip code that was selected for print.	5	Character	T_PR_LABEL_CRIT	ADR_ZIP_CODE_FROM
Zip code to	This is the end of the range of provider's zip code that was selected for print.	5	Character	T_PR_LABEL_CRIT	ADR_ZIP_CODE_TO

**2.8.1.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router
prvp010d	Provider Mailing Labels

**2.8.1.6 Associated Requirements**

ID
30.090.003.003.1
30.090.003.003.3

**2.8.1.7 Change Orders**

ID	Name	Description
5234	prv-0010-r	The provider report Prv-0010-R is displaying the line T_PR_Label_crit is appearing on the report and according to the PWB tech design that line should not be appearing.

## 2.8.2 PRV-0010-R 2 -- Provider Mailing Labels

These are the provider mailing labels that were requested by the user. These labels are generated in the nightly batch cycle, and are fed with input from the T\_PR\_LABEL\_CRIT table, which is populated by the Label Report panel.

### 2.8.2.1 Technical Name

PRV-0010-R 2

### 2.8.2.2 Sort Order

Zip Code

### 2.8.2.3 Provider Mailing Labels Layout

PROVIDER NAME  
STREET 1  
STREET 2  
CITY, STATE ZIP-ZIP4

### 2.8.2.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	This is the provider mailing address city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Provider Name	The provider name.	50	Character	T_PR_NAM	NAME
State	This is the provider mailing address state code.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Street 1	The first line of the provider mailing address, street.	30	Character	T_PR_ADR	ADR_MAIL_STRT1
Street 2	The optional second line of the provider mailing address, street.	30	Character	T_PR_ADR	ADR_MAIL_STRT2
Zip	This is the provider mailing address zip code.	5	Character	T_PR_ADR	ADR_MAIL_ZIP
Zip 4	The optional 4-digit mailing addresses zip code extension.	4	Character	T_PR_ADR	ADR_MAIL_ZIP_4

**2.8.2.5 Associated Programs**

Program	Description
otsortd	Sort - UNIX
otsortd	Sort - UNIX
copy2routedir	Copy Reports to Router
prvp010d	Provider Mailing Labels

**2.8.2.6 Associated Requirements**

ID
30.090.003.003.1
30.090.003.003.3

**2.8.2.7 Change Orders**

ID	Name	Description
No associated Change Orders found.		

### **2.8.3 PRV-0011-R -- Provider Listing by Flexible Criteria**

The Provider Listing is generated utilizing the online Ad hoc Report Request. Access the Ad Hoc Report Request through the Provider Reports and Letters page. Use the panel to choose multiple selection criteria. The valid values for selection criteria are 'provider type range', 'provider specialty range', 'county', 'zip code', 'contract', and 'enrollment status'. Any combination of the listed criteria, including all criteria, may be selected. Choose the sort sequence, either alphabetically (by provider name) or numerically (by provider number). To execute the program, click Save. The report displays information from each service location on the provider's file that met the criteria selected.

#### **2.8.3.1 Technical Name**

PRV-0011-R

#### **2.8.3.2 Sort Order**

User-defined criteria

#### **2.8.3.3 Provider Listing by Flexible Criteria Layout**

For readability, the report layout displays on the next page.

```
Report : PRV-0011-R          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/YYYY
Process : PRVJD011          MEDICAID MANAGEMENT INFORMATION SYSTEM  Run Time:  HH:MM:SS
Location: PRVP011D          PROVIDER LISTING BY FLEXIBLE CRITERIA  Page No.:  9999
```

```
User Id      : XXXXXXXX
Requestor Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date Requested: MM/DD/YYYY
```

Report selection criteria:

```
PROVIDER TYPE
  FROM  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  TO    XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER SPECIALTY
  FROM  XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  TO    XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

COUNTY
  FROM  XX  XXXXXXXXXXXX
  TO    XX  XXXXXXXXXXXX

CITY
  XXXXXXXXXXXX

ZIP CODE
  FROM  XXXXX
  TO    XXXXX

PROGRAM      XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATUS       X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

```
Report : PRV-0011-R          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/YYYY
Process : PRVJD011          MEDICAID MANAGEMENT INFORMATION SYSTEM  Run Time:  HH:MM:SS
Location: PRVP011D          PROVIDER LISTING BY FLEXIBLE CRITERIA  Page No.:  9999
```

PROVIDER NUMBER	PROVIDER NAME	PROVIDER ADDRESS
XXXXXXXXXX	XX	XX XX XX
XXXXXXXXXX	XX	XX XX

\*\* END OF REPORT \*\*

\*\*T\_PR\_LABEL\_CRIT : NO REPORT PRINT REQUEST FOUND THIS RUN \*\*

**2.8.3.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
City	City requested by the analysts on which to report.	15	Character	T_PR_LABEL_CRIT	ADR_CITY
Contract	The provider contract entered by the analyst as search criteria.	20	Number (Integer)	T_PR_ENROLL_PGM	DSC_PROV_PGM
County From	County code requested by the analysts to start the search from.	3	Character	T_PR_LABEL_CRIT	CDE_CNTY_FROM
County To	County code requested by the analyst to end the search at.	3	Character	T_PR_LABEL_CRIT	CDE_CNTY_TO
Date Requested	Date the report was requested.	8	Number (Integer)	T_PR_LABEL_CRIT	DTE_ADDED
Provider Address	Provider's full address.	86	Character	T_PR_ADR	ADR_MAIL_STRT1
Provider Name	This is the name associated with an organization or person.	50	Character	T_PR_NAM	NAME
Provider Number	Provider's unique identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Specialty From	Provider specialty requested by the analyst from which to start the search.	3	Character	T_PR_LABEL_CRIT	CDE_PR_FROM_SPEC
Provider Specialty To	Provider specialty entered by the analyst at which to end the search.	3	Character	T_PR_LABEL_CRIT	CDE_PR_TO_SPEC
Provider Type From	Provider type specified by the analyst from which to start the search.	2	Character	T_PR_LABEL_CRIT	CDE_TYPE_FROM
Provider Type To	Provider type specified by the analyst at which to end the search.	2	Character	T_PR_LABEL_CRIT	CDE_TYPE_TO

Field	Description	Length	Data Type	DB Table	DB Attributes
Requestor Name	Name of the analyst who is requesting the report.	30	Character	T_ANALYST	NAM_FIRST NAM_LAST
Service Location - NO Report Heading	Suffix added to the provider number to identify the various locations that a provider does business.	1	Character	T_PR_SVC_LOC	CDE_SERVICE_LOC
Status	Status indicator entered by the analyst as search criteria.	1	Character	T_PR_LABEL_CRIT	IND_STATUS
User ID	Analyst ID who is requesting the provider report.	8	Character	T_PR_LABEL_CRIT	ID_CLERK
Zip Code From	Zip code requested by the analyst from which to start the search.	5	Character	T_PR_LABEL_CRIT	CDE_ZIP_CODE_FROM
Zip Code To	Zip code requested by the analyst at which to end the search.	5	Character	T_PR_LABEL_CRIT	CDE_ZIP_CODE_TO

#### 2.8.3.5 Associated Programs

Program	Description
prvp011d	Provider Listing by Flexible Criteria Report
copy2routedir	Copy Reports to Router
copy2routedir	Copy Reports to Router

#### 2.8.3.6 Associated Requirements

ID
30.090.003.003.1
30.090.003.003.3

**2.8.3.7 Change Orders**

<b>ID</b>	<b>Name</b>	<b>Description</b>
No associated Change Orders found.		

## 2.8.4 PRV-0015-M -- Provider FEIN-SSN Cross Reference

The Provider FEIN-SSN Cross Reference Report is a listing of active providers sorted by the provider Tax ID.

### 2.8.4.1 Technical Name

PRV-0015-M

### 2.8.4.2 Sort Order

Tax ID, Provider Service Location

### 2.8.4.3 Provider FEIN-SSN Cross Reference Layout

```
Report : PRV-0015-M                      COMMONWEALTH OF KENTUCKY
Process : PRVJM015                      MEDICAID MANAGEMENT INFORMATION SYSTEM
Location: PRVP015M                      PROVIDER CROSS REFERENCE

Run Date: MM/DD/CCYY
Run Time: HH:MM:SS
Page: 99999
```

SORT CRITERIA: FEIN/SSN\*\*

FEIN/SSN	PROVIDER NUMBER	PROVIDER NAME AND ADDRESS	CNTY CDE	MEDICARE # CNTY DESC	LICENSE NUMBER	LIC TYPE
XXXXXXXX	XXX XXXXXXXXXX	XX XX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX	XXX	XXXXXXXXXX	XXXXXXXXXX	X
XXXXXXXX	XXX XXXXXXXXXX	XX XX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX	XXX	XXXXXXXXXX	XXXXXXXXXX	X

\*\* END REPORT \*\*  
\*\* NO DATA THIS RUN \*\*

### 2.8.4.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1

Field	Description	Length	Data Type	DB Table	DB Attributes
Cnty Code	This field contains the county code.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
Cnty Desc	This field contains the county code description.	20	Character	T_COUNTY	DSC_COUNTY
FEIN/SSN	This field contains either the Federal Employer Identification Number or the Social Security number for the provider.	9	Character	T_PR_TAX_ID	NUM_TAX_ID
License Number	This field contains the license/certification number for the provider.	10	Character	T_PR_TYPE	NUM_PROV_LIC
License Type	This field contains the type of license.	1	Character	T_PR_HB_LIC	CDE_LIC_TYPE
Medicare Number	This field contains the Medicare number.	10	Character	T_PR_MCARE_BILL	NUM_MEDICARE
Provider Name	This field contains the name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	This is the provider number for the system.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

#### 2.8.4.5 Associated Programs

Program	Description
prvp015m	Provider Cross Reference (SSN/FEIN)
copy2routedir	Copy Reports to Router
copy2routedir	Copy Reports to Router

**2.8.4.6 Associated Requirements**

ID
30.090.003.003.1
30.090.003.003.3
30.090.003.003.6

**2.8.4.7 Change Orders**

ID	Name	Description
17	Cross-Ref Reports	Provider cross-reference listings for Medicare, SSN, FEIN, CLIA, Zip Code, Town and license numbers;  The Commonwealth needs county code and name reported (not the town).  The Provider Address needs to be added to the report.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.
2700	Provider Report Routing	Add a new step to each report job to copy the report file to the routing directory.

### 2.8.5 PRV-0016-M -- Provider License Number Cross Reference

The Provider License Number Cross Reference Report is a listing of active providers sorted by the provider license number.

#### 2.8.5.1 Technical Name

PRV-0016-M

### 2.8.5.2 Sort Order

Provider License Number, Provider Service Location

### 2.8.5.3 Provider License Number Cross Reference Layout

```
Report   : PRV-0016-M                COMMONWEALTH OF KENTUCKY                Run Date: MM/DD/CCYY
Process  : PRVJM016                 MEDICAID MANAGEMENT INFORMATION SYSTEM        Run Time:  HH:MM:SS
Location: PRVP016M                 PROVIDER CROSS REFERENCE                      Page:      99999
```

SORT CRITERIA: LICENSE\*\*

[illegible]

```
*****NO DATA IN THIS RUN *****
*****      END REPORT *****
```

#### 2.8.5.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
Cnty Code	This field contains the county code.	3	Character	T_PR_SVC_LOC	CDE_COUNTY

Field	Description	Length	Data Type	DB Table	DB Attributes
Cnty Desc	This field contains the county code description.	20	Character	T_COUNTY	DSC_COUNTY
FEIN/SSN	This field contains either the Federal Employer Identification Number or the Social Security number for the provider.	9	Character	T_PR_TAX_ID	NUM_TAX_ID
License Number	This field contains the license/certification number for the provider.	10	Character	T_PR_HB_LIC	NUM_PROV_LIC
License Type	This field contains the type of license.	1	Character	T_PR_HB_LIC	CDE_LIC_TYPE
Medicare Number	This field contains the Medicare number.	10	Character	T_PR_MCARE_BILL	NUM_MEDICARE
Provider Name	This field contains the name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	This field contains the provider number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Char	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

#### 2.8.5.5 Associated Programs

Program	Description
prvp016m	Provider Cross Reference by License/Certification
copy2routedir	Copy Reports to Router
copy2routedir	Copy Reports to Router

#### 2.8.5.6 Associated Requirements

ID
30.090.003.003.1
30.090.003.003.3

ID
30.090.003.003.6

**2.8.5.7 Change Orders**

ID	Name	Description
17	Cross-Ref Reports	Provider cross-reference listings for Medicare, SSN, FEIN, CLIA, Zip Code, Town and license numbers;  The Commonwealth needs county code and name reported (not the town).  The Provider Address needs to be added to the report.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

### 2.8.6 PRV-0017-M -- Provider CLIA Cross Reference

The Provider CLIA Number Cross Reference Report is a listing of active providers sorted by the CLIA number.

#### 2.8.6.1 Technical Name

PRV-0017-M

### 2.8.6.2 Sort Order

CLIA Number

### 2.8.6.3 Provider CLIA Cross Reference Layout

```
Report : PRV-0017-M          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process : PRVJM017          MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: HH:MM:SS
Location: PRVP017M          PROVIDER CLIA CROSS REFERENCE      Page: 99999
```

SORT CRITERIA: CLIA\*\*

[illegible]

```
*****NO DATA IN THIS RUN *****
*****  END REPORT *****
```

**2.8.6.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
CLIA	The Clinical Laboratory Improvement Act Number used by the listed provider(s). The same field name will be pulled from the T_PR_CLIA_STAT table.	10	Character	T_PR_CLIA_STAT	NUM_CLIA
Cnty Code	This field contains the county code.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
Cnty Desc	This field contains the county code description.	20	Character	T_COUNTY	DSC_COUNTY
License Number	This field contains the license/certification number for the provider.	10	Character	T_PR_HB_LIC	NUM_PROV_LIC
License Type	This field contains the type of license.	1	Character	T_PR_HB_LIC	CDE_LIC_TYPE
Medicare Number	This field contains the Medicare number.	10	Character	T_PR_MCARE_BILL	NUM_MEDICARE
Provider Name	This field contains the provider's name.	50	Character	T_PR_NAM	NAME
Provider Number	This field contains the provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.6.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router
prvp017m	Provider Cross Reference By CLIA

Program	Description
copy2routedir	Copy Reports to Router

**2.8.6.6 Associated Requirements**

ID
30.090.003.003.1
30.090.003.003.3
30.090.003.003.6

**2.8.6.7 Change Orders**

ID	Name	Description
17	Cross-Ref Reports	Provider cross-reference listings for Medicare, SSN, FEIN, CLIA, Zip Code, Town and license numbers;  The Commonwealth needs county code and name reported (not the town).  The Provider Address needs to be added to the report.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

**2.8.7 PRV-0018-R -- Suspected Duplicate Provider Information**

The Suspected Duplicate Provider Information report identifies potential duplicate provider information. Two selection criteria are available for this report: the same name and address with different FEIN/SSN or the same license number different FEIN/SSN. This report lists the associated group numbers. If a provider is not associated with a group, the field is blank.

**2.8.7.1 Technical Name**

PRV-0018-R

**2.8.7.2 Sort Order**

Provider Name, Provider ID

**2.8.7.3 Suspected Duplicate Provider Information Layout**

For readability, the report layout displays on the next page.

Report : PRV-0018-R  
Process : PRVJR018  
Location: PRVP018R

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
SUSPECTED DUPLICATE PROVIDER INFORMATION

Run Date: MM/DD/YYYY  
Run Time: HH:MM:SS  
Page: 99999

## SUSPECTED DUPLICATE PROVIDER NUMBERS

PROVIDER NUMBER	PROVIDER NAME	ADDRESS	GROUP NUMBER
XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX

## SUSPECTED DUPLICATE LICENSE/CERTIFICATION NUMBERS

LIC/CERT NUMBER	PROVIDER NUMBER	PROVIDER NAME	ADDRESS	GROUP NUMBER
XXXXXXXXXX	XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX
XXXXXXXXXX	XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX
XXXXXXXXXX	XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX

## SUSPECTED DUPLICATE CLIA NUMBERS

CLIA NUMBER	PROVIDER NUMBER	PROVIDER NAME	ADDRESS	GROUP NUMBER
XXXXXXXXXX	XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX
XXXXXXXXXX	XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX
XXXXXXXXXX	XXX XXXXXXXXXXXXXXXX	XX	XX XX XX	XXX XXXXXXXXXXXXXXXX

\*\* END OF REPORT \*\*  
\*\* NO DATA THIS RUN \*\*

**2.8.7.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
CLIA Number	Provider's CLIA number.	10	Character	T_PR_CLIA_STAT	NUM_CLIA
Group Number	Provider's group number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
License Number	Provider's license number.	10	Character	T_PR_HB_LIC	NUM_PROV_LIC
Provider Name	Provider's name.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Provider ID type] (Provider)	Identifies the type of provider number being displayed on the report.	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE
[Provider ID type] (Group)	Identifies the type of provider number being displayed on the report.	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.7.5 Associated Programs**

Program	Description
prvp018r	Suspected Duplicate Provider report
copy2routedir	Copy Reports to Router

**2.8.7.6 Associated Requirements**

ID
30.090.003.002.8
30.090.003.003.3

**2.8.7.7 Change Orders**

<b>ID</b>	<b>Name</b>	<b>Description</b>
15	Suspected Dup Report	Identify and report, at least weekly, any suspected duplicate provider numbers, license numbers, Social Security Number (SSN), or Federal Employer Identification Number (FEIN) on the provider master file.  Report will contain provider ID, svc loc, name, address, license, and Tax ID.  Frequency: Weekly  Criteria: Check against Active providers only. Active is defined as having an open eligibility segment.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

## 2.8.8 PRV-0019-M -- Provider Medicare Cross Reference

The Provider Medicare Cross Reference Report is a listing of active providers sorted by Medicare number.

### 2.8.8.1 Technical Name

PRV-0019-M

### 2.8.8.2 Sort Order

Member Number, Provider Number

### 2.8.8.3 Provider Medicare Cross Reference Layout

```
Report   : PRV-0019-M                COMMONWEALTH OF KENTUCKY           Run Date: MM/DD/CCYY
Process  : PRVJM019                  MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time:  HH:MM:SS
Location: PRVP019M                   PROVIDER CROSS REFERENCE       Page:      99999

SORT CRITERIA:  MEDICARE**

MEDICARE #   PROVIDER   PROVIDER   CNTY CDE   FEIN/SSN   LICENSE   LIC
              NUMBER    NAME AND ADDRESS                                CNTY DESC   NUMBER    TYPE

XXXXXXXXXX XXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXX XXXXXXXXXXXX XXXXXXXXXXXX X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

XXXXXXXXXX XXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXX XXXXXXXXXXXX XXXXXXXXXXXX X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

** END REPORT **
** NO DATA THIS RUN **
```

**2.8.8.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
Cnty Code	This field contains the county code.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
Cnty Desc	This field contains the county code description.	20	Character	T_COUNTY	DSC_COUNTY
FEIN/SSN	This field contains either the Federal Employer Identification Number or the Social Security number for the provider.	9	Character	T_PR_TAX_ID	NUM_TAX_ID
License Number	This field contains the license/certification number for the provider.	10	Character	T_PR_HB_LIC	NUM_PROV_LIC
License Type	This field contains the type of license.	1	Character	T_PR_HB_LIC	CDE_LIC_TYPE
Medicare Number	This field contains the Medicare number.	10	Character	T_PR_MCARE_BILL	NUM_MEDICARE
Provider Name	This field contains the name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	This is the provider number for the system.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.8.5 Associated Programs**

Program	Description
prvp019m	Provider Cross Ref by Medicare Number
copy2routedir	Copy Reports to Router

**2.8.8.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.8.7 Change Orders**

ID	Name	Description
17	Cross-Ref Reports	Provider cross-reference listings for Medicare, SSN, FEIN, CLIA, Zip Code, Town and license numbers;  The Commonwealth needs county code and name reported (not the town).  The Provider Address needs to be added to the report.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

## 2.8.9 PRV-0020-M -- Provider Zip Code Cross Reference

The Provider Zip Code Cross Reference report is a listing of active providers sorted by zip code.

### 2.8.9.1 Technical Name

PRV-0020-M

### 2.8.9.2 Sort Order

Zip Code, Provider Number

### 2.8.9.3 Provider Zip Code Cross Reference Layout

Report : PRV-0020-M

COMMONWEALTH OF KENTUCKY

Run Date: MM/DD/CCYY

Process : PRVJM020

MEDICAID MANAGEMENT INFORMATION SYSTEM

Run Time: HH:MM:SS

Location: PRVP020M

PROVIDER CROSS REFERENCE

Page: 99999

SORT CRITERIA: ZIP CODE\*\*

FEIN/SSN	PROVIDER NUMBER	PROVIDER NAME AND ADDRESS	CNTY CDE	MEDICARE # CNTY DESC	LICENSE NUMBER	LIC TYPE
XXXXXXXX	XXX XXXXXXXXX	XX XX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX	XXX	XXXXXXXXXX	XXXXXXXXXX	X
XXXXXXXX	XXX XXXXXXXXX	XX XX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX	XXX	XXXXXXXXXX	XXXXXXXXXX	X

\*\*\*\*\*NO DATA IN THIS RUN \*\*\*\*\*  
\*\*\*\*\* END REPORT \*\*\*\*\*

**2.8.9.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
Cnty Code	This field contains the county code.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
Cnty Desc	This field contains the county code description.	20	Character	T_COUNTY	DSC_COUNTY
FEIN/SSN	This field contains either the Federal Employer Identification Number or the Social Security number for the provider.	9	Character	T_PR_TAX_ID	NUM_TAX_ID
License Number	This field contains the license/certification number for the provider.	10	Character	T_PR_HB_LIC	NUM_PROV_LIC
License Type	This field contains the type of license.	1	Character	T_PR_HB_LIC	CDE_LIC_TYPE
Medicare Number	This field contains the Medicare number.	10	Character	T_PR_MCARE_BILL	NUM_MEDICARE
Provider Name	This field contains the name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	This is the provider number for the system.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.9.5 Associated Programs**

Program	Description
prvp020m	Provider Cross Reference by Zip code
copy2routedir	Copy Reports to Router

**2.8.9.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.9.7 Change Orders**

ID	Name	Description
17	Cross-Ref Reports	Provider cross-reference listings for Medicare, SSN, FEIN, CLIA, Zip Code, Town and license numbers;  The Commonwealth needs county code and name reported (not the town).  The Provider Address needs to be added to the report.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

### 2.8.10 PRV-0022-M -- Facility Bed Capacity Report

This report lists the bed counts for all active LTC providers. It is sorted by Provider Number and Bed Type.

#### 2.8.10.1 Technical Name

PRV-0022-M

#### 2.8.10.2 Sort Order

Provider Number

#### 2.8.10.3 Facility Bed Capacity Report Layout

Report : PRV-0022-M  
Process : PRVJM022  
Location: PRVP022M

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
FACILITY BED CAPACITY REPORT  
PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY  
Run Time: HH:MM:SS  
Page: 99999

PROVIDER NUMBER	PROVIDER NAME	BED TYPE	MEDICAID ONLY	MEDICARE ONLY	BOTH	TOTAL
XXX XXXXXXXXX	XX	XXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999	99,999
		XXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999	99,999
		XXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999	99,999
XXX XXXXXXXXX	XX	XXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999	99,999
		XXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999	99,999
		XXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999	99,999

\*\* END OF REPORT \*\*  
\*\* NO DATA THIS RUN \*\*

#### 2.8.10.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Bed Type	This is the description of the type of bed.	20	Character	T_PR_BED_TYPE	BED_TYPE_DESC
Both	This is the number of beds that are certified as both Medicaid and Medicare.	5	Number	T_PR_BEDS	NUM_BOTH_BEDS
Medicaid Only	This is the number of beds that are certified as Medicaid only.	5	Number	T_PR_BEDS	NUM_MEDICAID_BEDS

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Only	This is the number of beds that are certified as Medicare only.	5	Number	T_PR_BEDS	NUM_MEDICARE_BEDS
Provider Name	This is the provider name.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Total	Total number of beds per type at this facility. This field is calculated by summing the Medicaid Only, Medicare Only, and Both fields.	5	Number	N/A	CALCULATED
[Provider ID Type]	This is the type of provider number being displayed.	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.10.5 Associated Programs**

Program	Description
prvp022m	Facility Bed Capacity Report
copy2routedir	Copy Reports to Router

**2.8.10.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.10.7 Change Orders**

ID	Name	Description
18	encounter	Produce a report of facilities by bed capacity.  The report lists the bed counts of all active providers that have counts entered on the Provider Bed Maintenance panel.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

### 2.8.11 PRV-0032-W -- Provider Pre-Notification

This report lists providers that want to start using Electronic Funds Transfer (EFT) and will receive a Pre-Notification test during the next financial cycle.

#### 2.8.11.1 Technical Name

PRV-0032-W

#### 2.8.11.2 Sort Order

Provider ID

#### 2.8.11.3 Provider Pre-Notification Layout

Report : PRV-0032-W  
Process: PRVJW032  
Location:PRVP032W

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER PRE-NOTIFICATION REPORT  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

#### ELECTRONIC CLAIMS

PROVIDER	PROVIDER NAME	ABA NUMBER	ACCOUNT NUMBER	AMOUNT PAID
XXX XXXXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$ZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$ZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$ZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$ZZZ,ZZZ,ZZ9.99
XXX XXXXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$ZZZ,ZZZ,ZZ9.99

\* \* END OF REPORT \* \*

#### 2.8.11.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABA Number	This is transit routing number to the bank.	9	Number	T_PR_EFF_ACCT	NUM_ABA
Account Number	This is the number for the providers account.	15	Number	T_PR_EFT_ACCT	NUM_EFT_ACCT
Amount Paid	This is the dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the TPL amount.	7	Number	T_CHECK	TOTAL_AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Loc	A one-byte alphabetic code used to indicate the location of the billing provider.	1	Character	T_PR_EFT_ACCT	CDE_SERVICE_LOC
Provider Name	This is the name of the provider requesting EFT.	40	Character	T_PR_NAM	NAME
Provider Number	This is the number that identifies a provider.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER

**2.8.11.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router
prvp032w	Provider Prenotification Report

**2.8.11.6 Associated Requirements**

ID
No associated Requirements found.

**2.8.11.7 Change Orders**

ID	Name	Description
4451	PRV-0032W	Provider Pre-Notification - PRV-0032-W report will need to be copied from CORE into the new KY system

## 2.8.12 PRV-0100-W -- Active Providers with invalid ABA Numbers

This report lists all active providers with invalid ABA numbers.

### 2.8.12.1 Technical Name

PRV-0100-W

### 2.8.12.2 Sort Order

Provider ID

### 2.8.12.3 Active Providers with invalid ABA Numbers Layout

```

Report : PRV-0100-W                                COMMONWEALTH OF KENTUCKY
Process : PRVJW100                                MEDICAID MANAGEMENT INFORMATION SYSTEM
Location: PRV0100W                                ACTIVE PROVIDERS WITH
                                                    INVALID ABA NUMBERS

Run Date: MM/DD/CCYY
Run Time: HH:MM
Page: 99999

Provider Number      Bank Account Number      ABA Number      Type of
                        Account                        Account
Effective Date      End Date

XXX XXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX      XXXXXXXX      X      MM/DD/CCYY      MM/DD/CCYY
XXX XXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX      XXXXXXXX      X      MM/DD/CCYY      MM/DD/CCYY
XXX XXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX      XXXXXXXX      X      MM/DD/CCYY      MM/DD/CCYY
XXX XXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX      XXXXXXXX      X      MM/DD/CCYY      MM/DD/CCYY

Total Providers with Invalid ABA Numbers : 9,999

* * * NO DATA THIS RUN * * *
* * * END OF REPORT * * *

```

### 2.8.12.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABA Number	Bank account routing number (ABA).	9	Number	T_FIN_EFF_ACCT	NUM_ABA
Bank Account Number	Bank account number.	17	Character	T_FIN_EFF_ACCT	NUM_EFT_ACCT
Effective Date	Effective start date.	10	Date (MM/DD/CCYY)	T_FIN_EFF_ACCT	DTE_EFFECTIVE
End Date	End date.	10	Date (MM/DD/CCYY)	T_FIN_EFF_ACCT	DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	Provider number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Total Providers with Invalid ABA Numbers	Total number of providers on this report.	4	Character		
Type of Account	Type of the bank account that a provider is using for Electronic Funds Transfers.	1	Character	T_FIN_EFF_ACCT	IND_ACCT_TYPE

**2.8.12.5 Associated Programs**

Program	Description
prv0100w	Providers with invalid ABA number
copy2routedir	Copy Reports to Router

**2.8.12.6 Associated Requirements**

ID
30.090.003.003.1
30.090.003.003.3

**2.8.12.7 Change Orders**

ID	Name	Description
No associated Change Orders found.		

### 2.8.13 PRV-0300-D -- Newly Enrolled Providers

This report lists newly enrolled providers on a daily basis along with their associated information. It is sorted by county code, application finalized date, and provider number.

EDS staff uses this report to verify input from the FIQM interface.

#### 2.8.13.1 Technical Name

PRV-0300-D

#### 2.8.13.2 Sort Order

Provider Application, Request Types, Provider Service Location, Provider County, Provider ID

#### 2.8.13.3 Newly Enrolled Providers Layout

Report : PRV-0300-D  
Process : PRVJD300  
Location: PRVP300D

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
NEWLY ENROLLED PROVIDERS  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/YYYY  
Run Time: HH:MM:SS  
Page : 99999

PROVIDER NUMBER	ECC	PROVIDER NAME CONTACT	PR ADDRESS TY	PHONE #	CNTY CODE	FINALIZED DATE
XXX XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999	(999) 999-9999	XXX	MM/DD/CCYY
XXX XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999	(999) 999-9999	XXX	MM/DD/CCYY
XXX XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999	(999) 999-9999	XXX	MM/DD/CCYY
XXX XXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999	(999) 999-9999	XXX	MM/DD/CCYY

\*\*\* END OF REPORT \*\*\*

**2.8.13.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
Cnty Code	This is the code of the county that the provider is in.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
Contact	This is the contact name that was on the provider enrollment application.	30	Character	T_PR_APPLN	NAM_CONTACT
ECC	Indicates if the provider can submit electronic claims, values are Y and N.	1	Character		
Finalized Date	This is the date that the enrollment was finalized. Format is CCYYMMDD.	8	Number	T_PR_APPLN	DTE_FINALIZE
Phone #	This is the phone number of the provider.	12	Character	T_PR_APPLN	NUM_PHONE
Pr Ty	This is the provider type of the provider.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Provider Name	This is the provider's personal or business name.	50	Character	T_PR_APPLN	NAME
Provider Number	This is the provider's identification number	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.13.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router
copy2routedir	Copy Reports to Router
prvp300d	Newly Enrolled Provider Report

**2.8.13.6 Associated Requirements**

ID
30.010.006
30.050.003.002.19
30.090.003.003.1
30.090.003.003.3

**2.8.13.7 Change Orders**

ID	Name	Description
No associated Change Orders found.		

## 2.8.14 PRV-0310-W -- Provider Enrollment Detail Report

This report lists providers that have been enrolled or re-enrolled during the reporting week. This is determined by providers having a begin date on the T\_PR\_PHP\_ELIG table (provider contract table) that falls within the reporting week.

This report is sorted by provider number and contract.

### 2.8.14.1 Technical Name

PRV-0310-W

### 2.8.14.2 Sort Order

Provider Number

### 2.8.14.3 Provider Enrollment Detail Report Layout

```

Report   : PRV-0310-W
Process  : PRVJW310
Location : PRVP310W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER ENROLLMENT DETAIL REPORT
PERIOD:  MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page:     99999

PROVIDER    PROVIDER NAME
NUMBER      NAME

XXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY - MM/DD/YYYY
XXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY - MM/DD/YYYY
XXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY - MM/DD/YYYY

* T O T A L S *      9,999

** END OF REPORT **
** NO DATA THIS RUN **

```

### 2.8.14.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Contract	The provider contract.	20	Character	T_PR_ENROLL_PGM	DSC_PROV_PGM
Effective Dates [Begin]	Date the provider program became effective.	10	Character	T_PR_PHP_ELIG	DTE_EFFECTIVE

Field	Description	Length	Data Type	DB Table	DB Attributes
Effective Dates [End]	Date the provider program ended.	10	Character	T_PR_PHP_ELIG	DTE_END
Provider Name	The name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Status	The provider program status.	20	Character	T_PR_PHP_ELIG	CDE_ENROLL_STATUS
Total [Providers]	Total number of unduplicated providers on the report.	4	Number	N/A	CALCULATED
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.14.5 Associated Programs**

Program	Description
prvp310w	Provider Enrollment Detail Report
copy2routedir	Copy Reports to Router

**2.8.14.6 Associated Requirements**

ID
30.050.003.002.19
30.090.003.003.3

**2.8.14.7 Change Orders**

<b>ID</b>	<b>Name</b>	<b>Description</b>
14	Enrollment Summary Report	<p>Provide the Commonwealth with reports giving a weekly summary of enrollment activity conducted by the KMAA, including name, provider number, and eligibility dates of providers enrolled.</p> <p>Report is sorted by provider id and svc loc.</p> <p>Give an unduplicated count of total providers changed during the reporting period. A provider enrolled in multiple programs is counted only once but each program the provider is enrolled in appears on the report.</p>
3827	Prov Enrollment Detail Rpt	<p>Defect entered by Sharmistha Majumdar, detected by St. Clair, Melissa C on 22nd Sep 2006 The headings don't match the tech design exactly - the tech design says "Provider number" and the report says "Provider ID". The headings are spaced exactly like the tech design (Provider name and effective dates is on one line vs. 2)</p>

### 2.8.15 PRV-0500-Q -- Provider Activity - Inactivity Report

This report lists providers that have not submitted claims in the last 24 months but are still currently enrolled in a contract with an "Active" status. An active status is defined as having an open contract segment on the T\_PR\_PHP\_ELIG table.

The following criteria are used to determine the list of providers:

- No claim activity in the past 24 months;
- Not a Fayette County physician;
- Not an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Special Services provider type (45 legacy);
- Not a Dentist; and,
- Not a Child Advocacy Center (legacy type 13).

This report is sorted by provider number.

#### 2.8.15.1 Technical Name

PRV-0500-Q

#### 2.8.15.2 Sort Order

Provider Number

#### 2.8.15.3 Provider Activity - Inactivity Report Layout

```

Report : PRV-0500-Q
Process : PRVJQ500
Location: PRVP500Q

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER ACTIVITY - INACTIVITY REPORT
PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page: 99999

PROVIDER      PROVIDER NAME      A/R      REASON      SETUP      CONTRACT
NUMBER                                     AMOUNT   CODE        DATE

XXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999,999.99 XXXX MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999,999.99 XXXX MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999,999.99 XXXX MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999,999.99 XXXX MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXX

* T O T A L S *      9,999      999,999.99

** END OF REPORT **

** NO DATA THIS RUN **

```

**2.8.15.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Amount	Amount of all outstanding Accounts Receivables for this provider. Calculated by subtracting the amounts in the T_AR_DISP_AMT (paid) table from the setup amount in the T_AR_DISP_AMT table.	8	Number	T_ACCT_REC	AMT
Contract	The provider contract.	20	Character	T_PR_ENROLL_PGM	DSC_PROV_PGM
Provider Name	The name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Reason Code	Code indicating the reason the AR was opened.	4	Character	T_ACCT_REC	CDE_REASON_FOUR
Setup Date	Date the AR was created.	10	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_ADDED
Total A/R Amount	Total of all Accounts Receivables (AR).	8	Number	N/A	CALCULATED
Total [Providers]	Total number of providers on the report.	4	Number	N/A	CALCULATED
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.15.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router

Program	Description
prvp500q	Provider Activity Inactivity Reporting
copy2routedir	Copy Reports to Router

**2.8.15.6 Associated Requirements**

ID
30.090.003.002.5
30.090.003.003.1
30.090.003.003.3
30.090.003.003.4

**2.8.15.7 Change Orders**

<b>ID</b>	<b>Name</b>	<b>Description</b>
186	Providers to be deactivated rpt	<p>Produce a report that lists providers that are due to be purged for inactivity. The report may be generated at any time prior to the purge process.</p> <p>Modify Report PRV-0500-M to use the following criteria:</p> <ul style="list-style-type: none"><li>• No claim activity in the past 24 months</li><li>• Not a Fayette County physician</li><li>• Not an EPSDT Special Services provider type (45 legacy)</li><li>• Not a Dentist</li><li>• Not a Child Advocacy Center (legacy type 13)</li></ul> <p>Remove the status column because only active providers are listed.</p> <p>Add an Accounts Receivable amount column to the report.</p> <p>Add the AR reason code.</p> <p>Add the AR setup date.</p> <p>Add grand totals of the number of providers on the report and the grand total A/R amount.</p> <p>Related to Change order 126 for criteria.</p>
2093	Provider Inactive Indicator	<p>There is a need to be able to exempt single providers from the De-Activate process.</p> <p>To accomplish this, an indicator is needed on the T_PR_SVC_LOC_STATE table to identify these providers.</p>
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.

ID	Name	Description
2344	PR De-activation process	<p>Update the provider de-activation for non-activity process and report to exclude provider type 29 and to exclude providers that have t_pr_svc_loc_state.ind_exempt_deactiv = 'Y'.</p> <p>Also ensure that both the process and report are NPI compliant, meaning they utilize sak_prov_loc instead of cde_service_loc in the sql.</p>
2730	Inactive Provider FH Interface	<p>Create an extract from the Inactive Provider Report containing the following data:</p> <p>Medicaid Provider Number, Termination Date, and termination status ("I").</p>

**2.8.16 PRV-0501-Q -- Deactivate Provider Report**

This report lists providers that have not submitted claims in the last 24 months but are still currently enrolled in a contract with an "Active" status. An active status is defined as having an open contract segment on the T\_PR\_PHP\_ELIG table.

The following criteria are used to determine the list of providers:

- No claim activity in the past 24 months;
- Not a Fayette County physician;
- Not an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Special Services provider type (45 legacy);
- Not a Dentist/ Do not activate a dentist; and,
- Not a Child Advocacy Center (legacy type 13).

This report is sorted by provider number, then service location.

**2.8.16.1 Technical Name**

PRV-0501-Q

**2.8.16.2 Sort Order**

Provider Number

**2.8.16.3 Deactivate Provider Report Layout**

This report is sorted by provider number, provider name, AR amount, Contract.

Report : PRV-0501-Q  
 Process : PRVJQ501  
 Location: PRVP501Q

COMMONWEALTH OF KENTUCKY  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDERS TERMINATED DUE TO INACTIVITY REPORT  
 PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY  
 Run Time: HH:MM:SS  
 Page: 99999

PROVIDER NUMBER	PROVIDER NAME	A/R AMOUNT	CONTRACT
XXX XXXXXXXXX	XX	999,999.99	XX
XXX XXXXXXXXX	XX	999,999.99	XX
XXX XXXXXXXXX	XX	999,999.99	XX
XXX XXXXXXXXX	XX	999,999.99	XX
XXX XXXXXXXXX	XX	999,999.99	XX
XXX XXXXXXXXX	XX	999,999.99	XX
* T O T A L S *	9,999	999,999.99	

\*\* END OF REPORT \*\*  
 \*\* NO DATA THIS RUN \*\*

#### 2.8.16.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Amount	Amount of all outstanding Accounts Receivables for this provider.	8	Number	AMT	T_ACCT_REC
Contract	The provider contract.	20	Character	T_PR_ENROLL_PGM	DSC_PROV_PGM
Provider Name	The name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Total A/R Amount	Total of all Accounts Receivables.	8	Number	N/A	CALCULATED
Total [Providers]	Total number of providers on the report.	4	Number	N/A	CALCULATED
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.16.5 Associated Programs**

Program	Description
prvp501q	Deactive Inactive Providers
copy2routedir	Copy Reports to Router

**2.8.16.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.16.7 Change Orders**

ID	Name	Description
126	Deactivate providers	Create a batch program that runs monthly and deactivates providers meeting the following criteria: No claim activity in the past 24 months and not a Fayette County physician and not an EPSDT Special Services provider type (45 legacy) and not a Dentist and not a Child Advocacy Center (type 13)
2093	Provider Inactive Indicator	There is a need to be able to exempt single providers from the De-Activate process.  To accomplish this, an indicator is needed on the T_PR_SVC_LOC_STATE table to identify these providers.
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.
2344	PR De-activation process	Update the provider de-activation for non-activity process and report to exclude provider type 29 and to exclude providers that have t_pr_svc_loc_state.ind_exempt_deactiv = 'Y'.  Also ensure that both the process and report are NPI compliant, meaning they utilize sak_prov_loc instead of cde_service_loc in the sql.
2730	Inactive Provider FH Interface	Create an extract from the Inactive Provider Report containing the following data: Medicaid Provider Number, Termination Date, and termination status ("I").

**2.8.17 PRV-0502-D -- Provider Letter Report**

This report lists providers that have had a letter produced during the reporting period. The report is grouped by letter type and a page break occurs for each letter type change. This report lists all letters in the provider group in the T\_LG\_LETTER\_GROUP table.

**2.8.17.1 Technical Name**

PRV-0502-D

**2.8.17.2 Sort Order**

Letter ID, Provider Number

For readability, the layout displays on the next page.

Report : PRV-0502-D  
Process : PRVJD502  
Location: PRVP502D

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER LETTER REPORT  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM  
Page: 99999

PROVIDER NUMBER	PROVIDER NAME	LETTER DATE
--------------------	---------------	-------------

[illegible]

PROVIDER NUMBER	PROVIDER NAME	LETTER DATE
--------------------	---------------	-------------

[illegible]

GRAND TOTAL LETTERS: 99,999

#### 2.8.17.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Grand Total Letters	Grand total of provider letters produced.	6	Number		
Letter Date	Date the letter was produced.	8	Number	T_LG_LETTER_REQUEST	DTE_SENT

Field	Description	Length	Data Type	DB Table	DB Attributes
Letter Name	Name of the letter being reported.	20	Character	T_LG_LETTER_TEMPLATE	ID_LETTER
Provider Name	The name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	The Medicaid provider ID of the provider for which the letter was created.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Total Letters	Total number of letters produced for this letter type.	5	Number		
[Provider Number Type]	Type of provider number being displayed (MCD or NPI).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.17.5 Associated Programs**

Program	Description
prvp502d	Provider Letter Report
copy2routedir	Copy Reports to Router

**2.8.17.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.17.7 Change Orders**

ID	Name	Description
412	KYAmend-Prov Change Letter Rpt	<p>This report will be produced from KMAA because the change letters are produced there.</p> <p>There is a need to generate a new daily Provider Change Letter report. The report lists all the Providers who have had change letters generated that day.</p> <p>This report has been altered to be produced for all letters.</p>

### 2.8.18 PRV-0520-W -- Provider Detail Termination Report

This report lists providers that have been terminated during the reporting week. This is determined by providers having an end date on the contract (T\_PR\_PHP\_ELIG) table that falls within the reporting week.

This report is sorted by provider number.

#### 2.8.18.1 Technical Name

PRV-0520-W

#### 2.8.18.2 Sort Order

Provider Number

#### 2.8.18.3 Provider Detail Termination Report Layout

```

Report   : PRV-0520-W
Process  : PRVJW520
Location : PRVP520W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER DETAIL TERMINATION REPORT
PERIOD:  MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page:    99999

PROVIDER    PROVIDER NAME    SSN/FEIN    A/R    CONTRACT    EFFECTIVE
NUMBER                                AMOUNT    DATES

XXX XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXX 999,999.99 XXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY - MM/DD/YYYY
XXX XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXX 999,999.99 XXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY - MM/DD/YYYY
XXX XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXX 999,999.99 XXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YYYY - MM/DD/YYYY

* T O T A L S *      9,999                                999,999.99

** END OF REPORT **

** NO DATA THIS RUN **

```

#### 2.8.18.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
A/R Amount	Amount of all outstanding Accounts Receivables for this provider.	8	Number	N/A	CALCULATED
Contract	The provider contract.	20	Character	T_PR_ENROLL_PGM	DSC_PROV_PGM

Field	Description	Length	Data Type	DB Table	DB Attributes
Effective Dates [Begin]	Date the provider program became effective	10	Character	T_PR_PHP_ELIG	DTE_EFFECTIVE
Effective Dates [End]	Date the provider program ended.	10	Character	T_PR_PHP_ELIG	DTE_END
Provider Name	The name of the provider.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
SSN/FEIN	SSN or FEIN of the provider.	9	Character	T_PR_TAX_ID	NUM_PROV_FEIN
Total A/R Amount	Total of all Accounts Receivables.	8	Number	N/A	CALCULATED
Total [Providers]	Total number of providers on the report.	4	Number	N/A	CALCULATED FIELD
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.18.5 Associated Programs**

Program	Description
prvp520w	Provider Detail Termination Report
copy2routedir	Copy Reports to Router

**2.8.18.6 Associated Requirements**

ID
30.050.003.002.19
30.090.003.003.3

**2.8.18.7 Change Orders**

ID	Name	Description
185	Termination Rpt	Produce a termination report with the following criteria: The report lists Provider ID, Svc Loc, and SSN/FEIN, name, program, effective dates and A/R amount. A grand total of providers and A/Rs are also needed.

**2.8.19 PRV-0530-W -- Provider Changes By Clerk ID Weekly Summary**

This report displays the changes made by clerk IDs in a grid format. The left hand columns contain the clerk ID and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. A number displays where the column and row intersect. It represents the number of actions (e.g., adds) the listed clerk ID performed on the matching table/information. Sub-totals are given for each clerk's set of changes, which are then totaled at the bottom of the report. The report is sorted by clerk ID.

**2.8.19.1 Technical Name**

PRV-0530-W

**2.8.19.2 Sort Order**

Clerk ID

**2.8.19.3 Provider Changes By Clerk ID Weekly Summary Layout**

For readability, the report layout displays across several pages.

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

\*\*\* END OF REPORT \*\*\*

```
Report   : PRV-0530-W
Process  : PRVJW530
Location: PRVP530W
```

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER CHANGES BY CLERK ID WEEKLY SUMMARY  
REPORT PERIOD: DD/MM/YYYY - DD/MM/YYYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

	ADD	CHANGE	DELETE
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
Table/Information	XXX	XXX	XXX
GRAND TOTALS	XXXXXX	XXXXXX	XXXXXX

★ ★ END OF REPORT ★ ★

#### 2.8.19.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADD	The number of adds the clerk performed on this table/information.	3	Number (Integer)	N/A	CALCULATED
CHANGE	The number of changes the clerk performed on this table/information.	3	Number (Integer)	N/A	CALCULATED
Clerk ID	The clerk ID for the user who made the listed table/information changes.	32	Character	T_CLERK	ID_CLERK

Field	Description	Length	Data Type	DB Table	DB Attributes
DELETE	The number of deletes the clerk performed on this table/information.	3	Number (Integer)	N/A	CALCULATED
GRAND TOTALS	The total number of adds/changes/deletes entered by all listed clerks.	6	Number (Integer)	N/A	CALCULATED
SUB-TOTALS	The total number of adds/changes/deletes entered in by the listed clerk.	5	Number (Integer)	N/A	CALCULATED
Table/Information	The various tables/information updated. Each table/information is repeated in a new page for each clerk.	37	Character	N/A	CALCULATED

**2.8.19.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router
prvp530w	Provider Weekly Table Audits
copy2routedir	Copy Reports to Router

**2.8.19.6 Associated Requirements**

ID
30.090.003.003.1
30.090.003.003.3
30.090.003.003.5

**2.8.19.7 Change Orders**

ID	Name	Description
No associated Change Orders found.		

This report lists all nursing home providers with rates on file. The report is sorted by provider type, provider number, rate type, and effective date. Only provider types 11 and 12 appear on this report.

PRV-0540-Q

Provider Number, Rate Type, Effective Date

Report : PRV-0540-Q  
Process : PRVJQ540  
Location: PRVP540Q

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
INSTITUTIONAL RATE REPORT

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

PR TY	PROVIDER NUMBER	PROVIDER NAME and ADDRESS	RATE TYPE	AMOUNT	PCT	EFF DATE	END DATE
XX	XXX XXXXXXXXXXXX	XX	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
		XX	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
		XX	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
		XXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
XX	XXX XXXXXXXXXXXX	XX	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
		XX	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
		XX	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY
		XXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999	XXX	\$9,999,999.99	99,999.99	MM/DD/CCYY	MM/DD/CCYY

Code	Description
------	-------------

[illegible]

```

* * * NO DATA THIS RUN * * *
* * * END OF REPORT * * *

```

**2.8.20.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
Amount	This is the rate.	9	Number (Decimal)	T_PR_RATE	AMT_RATE
Code	This is the reimbursement rate type code.	3	Character	T_RATE_TYPE	CDE_RATE_TYPE
Description	The text description of the reimbursement rate type.	100	Character	T_RATE_TYPE	DSC_RATE_TYPE
Eff Date	This is the effective date for the rate.	8	Number	T_PR_RATE	DTE_EFFECTIVE
End Date	This is the ending date for the rate.	8	Number	T_PR_RATE	DTE_END
Pct	Percentage amount stored on the rate file.	7	Number (Decimal)	T_PR_RATE	PCT_RATE
Pr Ty	Provider type code.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Provider Name	This is the Provider Name.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Rate Type	This is the reimbursement rate type.	3	Character	T_PR_RATE	CDE_RATE_TYPE
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.20.5 Associated Programs**

Program	Description
prvp540q	Provider Institutional Rate Report
copy2routedir	Copy Reports to Router

Program	Description
copy2routedir	Copy Reports to Router

**2.8.20.6 Associated Requirements**

ID
30.090.003.002.18
30.090.003.003.1
30.090.003.003.13
30.090.003.003.19
30.090.003.003.3

**2.8.20.7 Change Orders**

ID	Name	Description
No associated Change Orders found.		



**2.8.21.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of the provider. It includes Street 1, Street 2 (if applicable), City, State, and ZIP code.	89	Character	T_PR_ADR	CONCATENATED FIELD
Amount	Provider rate.	13	Number (Decimal)	T_PR_RATE	AMT
Code	This is the reimbursement rate type code.	3	Character	T_RATE_TYPE	CDE_RATE_TYPE
Description	The text description of the reimbursement rate type.	100	Character	T_RATE_TYPE	DSC_RATE_TYPE
Eff Date	Provider rate effective date.	10	Date (MM/DD/CCYY)	T_PR_RATE	DTE_EFFECTIVE
End Date	Provider rate end date.	10	Date (MM/DD/CCYY)	T_PR_RATE	DTE_END
Pct	Percentage amount stored on the rate file.	7	Number (Decimal)	T_PR_RATE	PCT_RATE
Pr Ty	Provider type.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Provider Name	Provider name and address.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Rate Type	Type of reimbursement rate.	3	Character	T_PR_RATE	CDE_RATE_TYPE
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.21.5 Associated Programs**

Program	Description
prvp541m	Provider Rate Report
copy2routedir	Copy Reports to Router

**2.8.21.6 Associated Requirements**

ID
30.090.003.002.18
30.090.003.003.1
30.090.003.003.13
30.090.003.003.19
30.090.003.003.3

**2.8.21.7 Change Orders**

ID	Name	Description
No associated Change Orders found.		

**2.8.22 PRV-0550-M -- Active Provider Type Trend Information**

This report tracks the number of providers actively enrolled with the Commonwealth. The information is for a one month period and is divided by contract, then provider type; with subtotals after each program break, and a grand total for all contracts at the end of the report.

**2.8.22.1 Technical Name**

PRV-0550-M

**2.8.22.2 Sort Order**

Program, Provider Type

**2.8.22.3 Active Provider Type Trend Information Layout**

For readability, the report layout displays on the next page.

Report : PRV-0550-M  
 Process : PRVJM550  
 Location: PRVP550M

COMMONWEALTH OF KENTUCKY  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 TYPE TREND REPORT  
 PERIOD: MM/DD/YYYY – MM/DD/YYYY

Run Date: MM/DD/YYYY  
 Run Time: HH:MM:SS  
 Page: 99999

CONTRACT - XXXXXXXXXXXXXXXXXXXX

PROVIDER TYPE	PREVIOUS TOTAL	ENROLLMENTS DURING MTH	RE-ENROLLS DURING MTH	TERMINATIONS DURING MTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
* S U B T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

CONTRACT - XXXXXXXXXXXXXXXXXXXX

PROVIDER TYPE	PREVIOUS TOTAL	ENROLLMENTS DURING MTH	RE-ENROLLS DURING MTH	TERMINATIONS DURING MTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
* S U B T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

ALL CONTRACTS

PROVIDER TYPE	PREVIOUS TOTAL	ENROLLMENTS DURING MTH	RE-ENROLLS DURING MTH	TERMINATIONS DURING MTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
* T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

\*\* END OF REPORT \*\*  
 \*\*NO DATA THIS RUN\*\*

**2.8.22.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Contract	The provider contract.	20	Character	T_PR_ENROLL_PGM	DSC_PROV_PGM
Current Active	The total number of current providers that have claim activity in the last 12 months. This number is derived by querying against claims history.	5	Number (Integer)	N/A	CALCULATED
Current Inactive	The total number of current providers that DO NOT have claim activity in the last 12 months. This number is derived by querying against claims history.	5	Number (Integer)	N/A	CALCULATED
Current Total	The total number of providers currently enrolled. The current total can be found by querying the T_PR_PHP_ELIG table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Integer)	N/A	CALCULATED
Enrollments During Month	The total number of providers enrolled during this month's reporting period. Can be determined by querying the T_PR_PHP_ELIG table and figuring out which providers have their effective date between the beginning and end of this month's reporting period.	4	Number (Integer)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Previous Total	The total number of enrolled providers for the previous month. Can be calculated by subtracting the terminations from the enrollments, then subtracting that result from the current total of enrolled providers. The current total can be found by querying the T_PR_PHP_ELIG table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Integer)	N/A	CALCULATED
Provider Type Code	The code which uniquely identifies each provider type description.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Provider Type Description	The description for a specific provider type.	50	Character	T_PR_TYPE_CDE	DSC_PROV_TYPE
Re-Enrollments During Month	The total number of providers re-enrolled during this month's reporting period. Can be determined by querying the T_PR_PHP_ELIG table and figuring out which providers have their effective date between the beginning and end of this month's reporting period and have a previous segment.	4	Number (Integer)	N/A	CALCULATED
Subtotal Current Active	The total number of active providers.	5	Number (Integer)	N/A	CALCULATED
Subtotal Current Inactive	The total number of inactive providers.	5	Number (Integer)	N/A	CALCULATED
Subtotal Current Total	The total number of providers currently enrolled during this month, for a given program.	5	Number (Integer)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Subtotal Enrollments During Month	The total number of providers enrolled during this month, for a given program.	4	Number (Integer)	N/A	CALCULATED
Subtotal Previous Total	The total number of providers enrolled at the end of the previous month, for a given program.	5	Number (Integer)	N/A	CALCULATED
Subtotal Re-Enrollments During Month	The total number of providers re-enrolled during this month, for a given program.	4	Number (Integer)	N/A	CALCULATED
Subtotal Termination During Month	The total number of providers terminated during this month, for a given program.	4	Number (Integer)	N/A	CALCULATED
Terminations During Month	The total number of providers terminated during this month's reporting period. Can be determined by querying the T_PR_PHP_ELIG table and figuring out which providers have their end date between the beginning and end of this month's reporting period.	4	Number (Integer)	N/A	CALCULATED
Total Current Active	The total number of active providers.	5	Number (Integer)	N/A	CALCULATED
Total Current Inactive	The total number of inactive providers.	5	Number (Integer)	N/A	CALCULATED
Total Current Total	The total number of providers currently enrolled during this month, for all programs.	5	Number (Integer)	N/A	CALCULATED
Total Enrollments During Month	The total number of providers enrolled during this month, for all programs.	4	Number (Integer)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Previous Total	The total number of providers enrolled at the end of the previous month, for all programs.	5	Number (Integer)	N/A	CALCULATED
Total Re-Enrollments During Month	The total number of providers re-enrolled during this month, for all programs.	4	Number (Integer)	N/A	CALCULATED
Total Termination During Month	The total number of providers terminated during this month, for all programs.	4	Number (Integer)	N/A	CALCULATED

**2.8.22.5 Associated Programs**

Program	Description
copy2routedir	Copy Reports to Router
prvp550m	Active Provider Type Trend Information
copy2routedir	Copy Reports to Router

**2.8.22.6 Associated Requirements**

ID
30.050.003.002.19
30.090.003.003.1
30.090.003.003.3
30.090.003.003.5

**2.8.22.7 Change Orders**

ID	Name	Description
16	Type Trend Report	<p>Audit trail reports of changes to provider file data including information such as, reports giving an unduplicated count of provider additions, re-enrollments, active and inactive by enrollment status;</p> <p>Add re-enrollments column, re-enrollments are determined by a new program segment for the same program when a history segment for that program exists.</p> <p>For example: A Medicaid program exists that is end dated prior to this month and a new Medicaid segment exists that has a begin date during this month.</p> <p>Also add Active and Inactive columns where Active is defined as a provider that has billed in the last 12 months.</p>

**2.8.23 PRV-0551-M -- Active Provider Specialty Trend Information**

This report tracks the number of providers actively enrolled with the Commonwealth. The information is for a one month period and is divided by contract, then provider specialty; with subtotals after each contract break, and a grand total for all contracts at the end of the report.

**2.8.23.1 Technical Name**

PRV-0551-M

**2.8.23.2 Sort Order**

Program, Provider, Specialty

**2.8.23.3 Active Provider Specialty Trend Information Layout**

For readability, the report layout displays on the next page.

Report : PRV-0551-M  
 Process : PRVJM551  
 Location: PRVP551M

COMMONWEALTH OF KENTUCKY  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 SPECIALTY TREND REPORT  
 PERIOD: MM/DD/YYYY – MM/DD/YYYY

Run Date: MM/DD/YYYY  
 Run Time: HH:MM:SS  
 Page: 99999

CONTRACT = XXXXXXXXXXXXXXXXXXXX

PROVIDER SPECIALTY	PREVIOUS TOTAL	ENROLLMENTS DURING MONTH	RE-ENROLLMENTS DURING MONTH	TERMINATIONS DURING MONTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
* S U B T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

CONTRACT = XXXXXXXXXXXXXXXXXXXX

PROVIDER SPECIALTY	PREVIOUS TOTAL	ENROLLMENTS DURING MONTH	RE-ENROLLMENTS DURING MONTH	TERMINATIONS DURING MONTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
* S U B T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

ALL CONTRACTS

PROVIDER SPECIALTY	PREVIOUS TOTAL	ENROLLMENTS DURING MONTH	RE-ENROLLMENTS DURING MONTH	TERMINATIONS DURING MONTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
* T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

\*\* END OF REPORT \*\*  
 \*\*NO DATA THIS RUN\*\*

**2.8.23.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Contract	The provider contract.	20	Character	T_PR_ENROLL_PGM	DSC_PROV_PGM
Current Active	The total number of current providers that have claim activity in the last 12 months. This number is derived by querying against claims history.	5	Number (Integer)	N/A	CALCULATED FIELD
Current Inactive	The total number of current providers that DO NOT have claim activity in the last 12 months. This number is derived by querying against claims history.	5	Number (Integer)	N/A	CALCULATED FIELD
Current Total	The total number of providers currently enrolled. The current total can be found by querying the T_PR_PHP_ELIG table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Integer)	N/A	CALCULATED FIELD
Enrollments During Month	The total number of providers enrolled during this month's reporting period. Can be determined by querying the T_PR_PHP_ELIG table and figuring out which providers have their effective date between the beginning and end of this month's reporting period and do not have a previous segment.	4	Number (Integer)	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Previous Total	The total number of enrolled providers for the previous month. Can be calculated by subtracting the terminations from the enrollments, then subtracting that result from the current total of enrolled providers. The current total can be found by querying the T_PR_PHP_ELIG table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Integer)	N/A	CALCULATED FIELD
Provider Specialty Code	The code which uniquely identifies each provider specialty description.	3	Character	T_PR_SPEC_CDE	CDE_PROV_SPEC
Provider Specialty Description	The description for a specific provider specialty.	50	Character	T_PR_SPEC_CDE	DSC_PROV_SPEC
Re-Enrollments During Month	The total number of providers re-enrolled during this month's reporting period. Can be determined by querying the T_PR_PHP_ELIG table and figuring out which providers have their effective date between the beginning and end of this month's reporting period and have a previous segment.	4	Number (Integer)	N/A	CALCULATED FIELD
Subtotal Current Active	The total number of active providers.	5	Number (Integer)	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Subtotal Current Inactive	The total number of inactive providers.	5	Number (Integer)	N/A	CALCULATED FIELD
Subtotal Current Total	The total number of providers currently enrolled during this month, for a given program.	5	Number (Integer)	N/A	CALCULATED FIELD
Subtotal Enrollments During Month	The total number of providers enrolled during this month, for a given program.	4	Number (Integer)	N/A	CALCULATED FIELD
Subtotal Previous Total	The total number of providers enrolled at the end of the previous month, for a given program.	5	Number (Integer)	N/A	CALCULATED FIELD
Subtotal Re-Enrollments During Month	The total number of providers re-enrolled during this month, for a given program.	4	Number (Integer)	N/A	CALCULATED FIELD
Subtotal Termination During Month	The total number of providers terminated during this month, for a given program.	4	Number (Integer)	N/A	CALCULATED FIELD
Terminations During Month	The total number of providers terminated during this month's reporting period. Can be determined by querying the T_PR_PHP_ELIG table and figuring out which providers have their end date between the beginning and end of this month's reporting period.	4	Number (Integer)	N/A	CALCULATED FIELD
Total Current Active	The total number of active providers.	5	Number (Integer)	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Current Inactive	The total number of inactive providers.	5	Number (Integer)	N/A	CALCULATED FIELD
Total Current Total	The total number of providers currently enrolled during this month, for all programs.	5	Number (Integer)	N/A	CALCULATED FIELD
Total Enrollments During Month	The total number of providers enrolled during this month, for all programs.	4	Number (Integer)	N/A	CALCULATED FIELD
Total Previous Total	The total number of providers enrolled at the end of the previous month, for all programs.	5	Number (Integer)	N/A	CALCULATED FIELD
Total Re-Enrollments During Month	The total number of providers re-enrolled during this month, for all programs.	4	Number (Integer)	N/A	CALCULATED FIELD
Total Termination During Month	The total number of providers terminated during this month, for all programs.	4	Number (Integer)	N/A	CALCULATED FIELD

#### 2.8.23.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
prvp551m	Active Provider Specialty Trend Information
copy2routedir	Copy Reports to Router

**2.8.23.6 Associated Requirements**

ID
30.050.003.002.19
30.090.003.003.1
30.090.003.003.3
30.090.003.003.5

**2.8.23.7 Change Orders**

ID	Name	Description
131	Specialty Trend Report	<p>Add reenrollments column to the Specialty Trend Report, re-enrollments are determined by a new program segment for the same program when a history segment for that program exists.</p> <p>For example: A Medicaid program exists that is end dated prior to this month and a new Medicaid segment exists that has a begin date during this month.</p> <p>Also add Active and Inactive columns where Active is defined as a provider that has billed in the last 12 months.</p>



Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Address	The provider address.	30	Character	T_PR_ADR	ADR_MAIL_STRT1
Provider Name	The provider name.	30	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Type	The provider type.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Provider Type [Description]	The provider type description.	50	Character	T_PR_TYPE_CDE	DSC_PROV_TYPE
ST	The provider state.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Providers for Provider Type	The total number of CLIA providers for the provider type.	5	Number	N/A	CALCULATED
Total Providers for Provider Type [Type]	The provider type being totaled.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Zip	The provider nine-digit zip code.	9	Character	T_PR_ADR	ADR_MAIL_ZIP
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.24.5 Associated Programs**

Program	Description
prvp250m	CLIA Prov Summary by Prov Type
copy2routedir	Copy Reports to Router

**2.8.24.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.24.7 Change Orders**

ID	Name	Description
413	New-CLIA Summ by Prov Type Rpt	There is a need to generate a monthly CLIA Provider Summary Report by Provider Type report. The report is grouped by provider type and is sorted by provider ID, Service Location, CLIA Number, and Lab Certification Type.

**2.8.25 PRV-2701-M -- CLIA Provider Summary By Certification**

This report lists provider CLIA information grouped by CLIA certification level and sorted by provider number.

**2.8.25.1 Technical Name**

PRV-2701-M

**2.8.25.2 Sort Order**

Certification Level, Provider Number

**2.8.25.3 CLIA Provider Summary By Certification Layout**

Report : PRV-2701-M  
Process : PRVJM270  
Location: PRVP270M

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
CLIA PROVIDER SUMMARY BY CERTIFICATION REPORT  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

PROVIDER NUMBER	CLIA NUMBER	PROVIDER NAME	PROVIDER ADDRESS	CITY	ST	ZIP
CERTIFICATION LEVEL X						
XXX XXXXXXXXXXXX	9999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	KY	99999-9999
XXX XXXXXXXXXXXX	9999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	KY	99999-9999
XXX XXXXXXXXXXXX	9999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	KY	99999-9999
XXX XXXXXXXXXXXX	9999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	KY	99999-9999
XXX XXXXXXXXXXXX	9999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	KY	99999-9999

TOTAL PROVIDERS FOR LEVEL X: 99999

GRAND TOTAL OF CLIA PROVIDERS 999999

**2.8.25.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
CLIA Number	The CLIA number.	10	Character	T_PR_CLIA_STAT	NUM_CLIA
Certification Level	The CLIA certification level.	1	Character	T_CLIA_CERT	CDE_CERT_TYPE
City	The provider city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Grand Total of CLIA Providers	The total number of CLIA providers listed on this report.	5	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Address	The provider address.	30	Character	T_PR_ADR	ADR_MAIL_STRT1
Provider Name	The provider name.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
ST	The provider state.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Providers For level	The total number of CLIA providers for the certification level.	5	Number	N/A	CALCULATED
Zip	The provider nine-digit zip code.	9	Character	T_PR_ADR	ADR_MAIL_ZIP
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.25.5 Associated Programs**

Program	Description
prvp270m	CLIA Prov Summary by Cert
copy2routedir	Copy Reports to Router

**2.8.25.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.25.7 Change Orders**

ID	Name	Description
418	New-CLIA Summ by Cert Rpt	There is a need to generate a monthly CLIA Provider Summary By Certification Report. This report lists, by CLIA certification level, the CLIA provider information.

This report lists the providers who are enrolled in the Presumptive Eligibility (PE) program as of the current run date. The report is sorted by county and provider. It lists provider information, specialty codes, and eligibility begin dates.

## PRV-2911-M

## Provider Number

[illegible]

FOR COUNTY:   999 - XXXXXXXXXXXXXXXXXXXXXXXX					
PROVIDER NUMBER / NAME	PROVIDER ADDRESS	PRESUMPT ELIG BEGIN DATE	SPEC CODE	SPEC DESCRIPTION	
XXX XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	999	XXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXXXXXXXXXXXXX XX 99999-9999				
XXX XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	999	XXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXXXXXXXXXXXXX XX 99999-9999				
XXX XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	999	XXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXXXXXXXXXXXXX XX 99999-9999				
XXX XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	999	XXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXXXXXXXXXXXXX XX 99999-9999				
TOTAL FOR COUNTY:	9,999				
GRAND TOTAL ELIGIBLE PROVIDERS:	99,999				

**2.8.26.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
County Code	Provider county number.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
County Name	Provider county name.	25	Character	T_COUNTY	DSC_COUNTY
Grand Total Eligible Providers	Grand total number of PE providers in the state.	5	Number	N/A	CALCULATED
Presumpt Elig Begin Date	Provider's Presumptive Eligibility begin date	8	Number	T_PR_PHP_ELIG	DTE_EFFECTIVE
Provider Address 1	Provider address line 1.	30	Character	T_PR_ADR	ADR_MAIL_STRT1
Provider Address 2	Provider address line 2.	30	Character	T_PR_ADR	ADR_MAIL_STRT2
Provider City	Provider city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
Provider Name	Provider full name.	40	Character	T_PR_NAM	NAME
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Specialty Code (Primary)	Provider primary specialty description	3	Character	T_PR_TYPE	CDE_PROV_SPEC_PRIMARY
Specialty Description	Provider specialty description.	32	Character	T_PR_SPEC_CDE	DSC_PROV_SPEC
State	Provider state.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total For County	Total number of PE providers in the county.	4	Number	N/A	CALCULATED
Zip	Provide zip.	9	Character	T_PR_ADR	ADR_MAIL_ZIP - ADR_MAIL_ZIP_4

Field	Description	Length	Data Type	DB Table	DB Attributes
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.26.5 Associated Programs**

Program	Description
prvp291m	Presumptive Eligibility Providers
copy2routedir	Copy Reports to Router

**2.8.26.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.26.7 Change Orders**

ID	Name	Description
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.
419	New-Prov Presumptive Elig Rpt	There is a need to generate a monthly Provider Presumptive Eligibility Report. This report lists the providers who are enrolled in the Presumptive Eligibility program as of the current run date.

This report cross-references provider information by city.

## PRV-3605-M

City

### 2.8.27.3 Cross-Reference By City Layout

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

SORT CRITERIA: CITY\*\*

[illegible]

\*\*\* END OF REPORT \*\*\*

Field	Description	Length	Data Type	DB Table	DB Attributes
CLIA Number	The provider's CLIA certification number.	10	Character	T_PR_CLIA_STAT	NUM_CLIA
City	The provider's city.	15	Character	T_PR_ADR	ADR_MAIL_CITY
License Number	The provider's license number.	10	Character	T_PR_HB_LIC	NUM_PROV_LIC
Provider Name	The provider's name.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	The provider's identification number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider SSN/FEIN	The provider's tax identification number representing either the provider's social security number (SSN) or federal employer identification number (FEIN).	9	Character	T_PR_TAX_ID	NUM_TAX_ID
ST	The provider's state.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Zip	The provider's zip code.	9	Character	T_PR_ADR	ADR_MAIL_ZIP - ADR_MAIL_ZIP_4
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.27.5 Associated Programs**

Program	Description
prvp360m	Provider Xref by City
copy2routedir	Copy Reports to Router

**2.8.27.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.27.7 Change Orders**

ID	Name	Description
420	New-XREF By City Rpt	There is a need to generate a monthly Cross Reference By City Report. This report cross-references provider information by city.

### 2.8.28 PRV-4402-W -- Newly Re-Instated Provider Report

This report lists all providers reinstated in the past week into the KyHealth Choices program. The program uses the audit trail of the program eligibility table to determine if the Medicaid enrollment segment was updated during the reporting period.

EDS staff uses this report to verify input from the FIQM interface.

#### 2.8.28.1 Technical Name

PRV-4402-W

#### 2.8.28.2 Sort Order

Provider Number

#### 2.8.28.3 Newly Re-Instated Provider Report Layout

Report : PRV-4402-W  
Process : PRVJW440  
Location: PRVP440W

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
NEWLY RE-INSTATED PROVIDERS REPORT  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

PROVIDER NUMBER	PROVIDER NAME	CHANGE DATE
XXX XXXXXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXXXXX	XX	MM/DD/CCYY

TOTAL PROVIDERS: 999999

\* \* \* \* \* END OF REPORT \* \* \* \* \*

#### 2.8.28.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Change Date	The date this provider's Medicaid eligibility segment was changed.	8	Number	A_T_PR_PHP_ELIG	DTE_LAST_CHANGE
Provider Name	The name under which the provider registered as a Medicaid provider.	50	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	The provider's Medicaid identifier or number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Total providers	Total number of providers appearing on the report.	5	Number	N/A	CALCULATED
[Prov Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.28.5 Associated Programs**

Program	Description
prvp440w	Newly Re-Instated Providers Report
copy2routedir	Copy Reports to Router

**2.8.28.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.28.7 Change Orders**

ID	Name	Description
2140	Prov Batch NPI Chgs	Modify the KY specific batch reports for NPI.
421	New-Re-Instated Provider Rpt	There is a need to generate a weekly Newly Re-Instated Provider Report. The report displays all providers who were re-instated in the past week.

## 2.8.29 PRV-5401-D -- Provider Shutdown Report

This report lists all providers whose Electronic Fund Transfer rows and/or group relationships are shutdown due to the provider's eligibility termination.

### 2.8.29.1 Technical Name

PRV-5401-D

### 2.8.29.2 Sort Order

Provider Number

### 2.8.29.3 Provider Shutdown Report Layout

Report : PRV-5401-D  
Process : PRVJD540  
Location: PRVP540D

COMMONWEALTH OF KENTUCKY  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER SHUTDOWN REPORT  
PERIOD: MM/DD/CCYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99999

#### GROUP SHUTDOWN SECTION

PROVIDER NUMBER	PROVIDER NAME	SHUTDOWN DATE
XXX XXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXX	XX	MM/DD/CCYY
TOTAL PROVIDER GROUP SHUTDOWNS ==> 99999		

#### EFT SHUTDOWN SECTION

PROVIDER NUMBER	PROVIDER NAME	SHUTDOWN DATE
XXX XXXXXXXXX	XX	MM/DD/CCYY
XXX XXXXXXXXX	XX	MM/DD/CCYY
TOTAL PROVIDER EFT SHUTDOWNS ==> 99999		

**2.8.29.4 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Name [EFT]	The provider's name.	50	Character	T_PR_NAM	NAME
Provider Name [Group]	The provider's name.	50	Character	T_PR_NAM	NAME
Provider Number [EFT]	The provider's Medicaid provider number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Number [Group]	The provider's Medicaid provider number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Shutdown Date [EFT]	End date of the provider EFT.	8	Number	T_PR_EFT_ACCT	DTE_END
Shutdown Date [Group]	End date of the provider group relationship.	8	Number	T_PR_GRP_MBR	DTE_END
Total Provider EFT Shutdowns	Total number of provider EFT rows end-dated on this day.	5	Number	N/A	CALCULATED
Total Provider Group Shutdowns	Total number of provider / group relationships end-dated on this day.	5	Number	N/A	CALCULATED
[Provider Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.29.5 Associated Programs**

Program	Description
prvp540d	Provider Shutdown Report
copy2routedir	Copy Reports to Router

**2.8.29.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.29.7 Change Orders**

ID	Name	Description
423	KYAmend-EFT and Prv Grp shdn Rpt	There is a need to generate a new daily EFT and Provider Group Shutdown Report. The report lists all the providers whose EFT and/or Groups were shutdown due to the provider's eligibility terminated with an alpha status code.

### 2.8.30 PRV-5505-D -- List By Area-Dev District County

This report produces a complete listing of all active providers by area development district by county.

#### 2.8.30.1 Technical Name

PRV-5505-D

#### 2.8.30.2 Sort Order

District, County, Provider Type, Provider Number

#### 2.8.30.3 List By Area-Dev District County Layout

```

Report   : PRV-5505-D                COMMONWEALTH OF KENTUCKY
Process  : PRVJD550                 MEDICAID MANAGEMENT INFORMATION SYSTEM
Location: PRVP550D                  LIST BY AREA - DEV DIST/COUNTY

Run Date: MM/DD/CCYY
Run Time: HH:MM:SS
Page:    99999

DISTRICT - XX    COUNTY XXX - XXXXXXXXXXXXXXXXXXXX

PROVIDER TYPE XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER      PROVIDER
NUMBER        NAME AND ADDRESS

XXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

TOTAL PROVIDERS FOR PROVIDER TYPE XX -    99,999
TOTAL PROVIDERS FOR COUNTY XXX      -    99,999
TOTAL PROVIDERS FOR DISTRICT XX     -    99,999

GRAND TOTAL PROVIDERS REPORT        -    999,999

```

#### 2.8.30.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The provider's address. It includes Street 1, Street 2 (if applicable), City, State, and Zip code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1

Field	Description	Length	Data Type	DB Table	DB Attributes
County	The provider's county of residence.	3	Character	T_PR_SVC_LOC	CDE_COUNTY
District	The provider's area development district.	2	Character	T_COUNTY	CDE_LOCALITY
Grand Total Providers Report	Total records listed on the report.	6	Number	N/A	CALCULATED
Provider Name	The provider's name.	50	Character	T_PR_NAM	NAME
Provider Number	The provider's Medicaid number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Type	The provider's type.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Total Providers for County	Total records listed under the specific county code.	5	Number	N/A	CALCULATED
Total Providers for District	Total records listed under the specific district code.	5	Number	N/A	CALCULATED
Total Providers for Type	Total records listed under the specific type code.	5	Number	N/A	CALCULATED
[County Description]	County code description.	20	Character	T_COUNTY	CDE_COUNTY
[Provider Number Type]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE
[Provider Type Description]	Description of the provider type code.	50	Character	T_PR_TYPE_CDE	DSC_PROV_TYPE

#### 2.8.30.5 Associated Programs

Program	Description
prvp550d	Listing by District and County
copy2routedir	Copy Reports to Router

**2.8.30.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.30.7 Change Orders**

ID	Name	Description
415	KYAmend-Prov listing by Grp/Cnty	<p>These reports are better suited to be produced from FIQM. EDS agrees to create these reports if First Health declines.</p> <p>There is a need to generate two daily reports: Provider Listing by Group Affiliation and List By Area-Dev District County. The Provider Listing by Group Affiliation Report identifies providers who are members of a group practice. The List By Area-Dev District County Report produces a complete listing of all active providers by area development district by county.</p>



Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city of the member provider.	15	Character	T_PR_ADR	ADR_MAIL_CITY
End	The member provider's group relationship end date.	8	Date (MM/DD/CCYY)	T_PR_GRP_MBR	DTE_END
Group Number	The provider's group number.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Group Provider Name	The provider's group name.	50	Character	T_PR_NAME	NAME
Member Provider Name	The provider name(s) in the provider's group.	50	Character	T_PR_NAM	NAME
Prov Spec	The primary specialty code of the provider in the provider's group.	3	Character	T_PR_TYPE	CDE_PROV_SPEC_PRIM
Prov Type	The type of provider in the provider's group.	2	Character	T_PR_TYPE	CDE_PROV_TYPE
Provider Number	The provider number(s) in the provider's group.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
ST	The state of the member provider.	2	Character	T_PR_ADR	ADR_MAIL_STATE
Total Providers in Group	Total number of members in the group.	5	Number	N/A	CALCULATED
[Provider Number Type (Member)]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
[Provider Number Type (Group)]	Type of provider number appearing on the report (NPI or MCD).	3	Character	T_PR_IDENTIFIER	CDE_PROV_ID_TYPE

**2.8.31.5 Associated Programs**

Program	Description
prvp551d	Listing by Grp Affiliation
copy2routedir	Copy Reports to Router

**2.8.31.6 Associated Requirements**

ID
30.090.003.003.3

**2.8.31.7 Change Orders**

ID	Name	Description
415	KYAmend-Prov listing by Grp/Cnty	<p>These reports are better suited to be produced from FIQM. EDS agrees to create these reports if First Health declines.</p> <p>There is a need to generate two daily reports: Provider Listing by Group Affiliation and List By Area-Dev District County. The Provider Listing by Group Affiliation Report identifies providers who are members of a group practice. The List By Area-Dev District County Report produces a complete listing of all active providers by area development district by county.</p>

## 2.9 Letters

Some information in this section is represented in table format. In order to fit information on the page, some data field information may wrap to the next line.

### 2.9.1 PRV-9007-R -- Enrollment Tracking Return To Provider Letter

This is a user-generated letter requested from the Application RTP Letter panel.

#### 2.9.1.1 Technical Name

PRV-9007-R

#### 2.9.1.2 Enrollment Tracking Return to Provider Letter Layout

MONTH DD, YYYY

PROVIDER NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

ATN: #####

Dear Provider,

Your enrollment form has been returned because of the following missing or incomplete information. Please complete all listed information and return all attached documents promptly to ensure your enrollment.

{ITEM}

{ITEM}

{ITEM}

...

{ITEM}

If you have questions regarding your enrollment, please call the KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday.

Sincerely,

Barry Ingram, Director

Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.1.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
ATN Number	ATN number.	10	Character	T_PR_APPLN	SAK_ATN
Current Date	Current date (Month DD, CCYY).	18	Character		
Provider City, State, Zip	Provider city, 2-digit state, and 9-digit zip.	28	Character	T_PR_ADR	
Provider Name	Provider name.	50	Character	T_PR_NAM	NAME
Provider Street Address 1	Mailing address line 1.	30	Character	T_PR_ADR	
Provider street address 2	Mailing address line 2 if necessary.	30	Character	T_PR_ADR	

**2.9.1.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.1.5 Associated Requirements**

ID
No associated Requirements found.

**2.9.1.6 Change Orders**

ID	Name	Description
No associated Change Orders found.		

## 2.9.2 PRV-9008-R -- Provider Welcome Letter

The Provider Welcome letter is used to notify providers that enrollment in KyHealth Choices has been approved. interChange automatically prompts the user to create this letter after the provider has successfully been enrolled through the Application Base Information (Enroll Provider link) panel.

### 2.9.2.1 Technical Name

PRV-9008-R

### 2.9.2.2 Provider Welcome Letter Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

Dear Provider:

This is to acknowledge receipt of your application to participate with the Department for KYHealth Choices as a **{Provider Type Description}**.

Your assigned provider number is: **{Medicaid Provider Number}**.

Effective for dates of service **MM/DD/YYYY** through **MM/DD/YYYY**.

This number is for your exclusive use. Please include your KYHealth Choices number on all correspondence to KYHealth Choices or KYHealth Choices, our fiscal agent. To remain an eligible provider beyond the date referenced above, you must submit a copy of your license to KYHealth Choices each time it is Issued.

The provider is responsible for notifying KYHealth Choices of any change in address, name, tax structure, or ownership immediately. Please send written notice of any changes to:

KYHealth Choices  
PO Box 2110  
Frankfort, KY 40602

If you have questions regarding your enrollment, please call the KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday. You may submit claims for payment for services rendered to Commonwealth recipients on or after the effective date.

If you have questions about billing and/or claims processing, please call KYHealth Choices at (800) 807-1232.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.2.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
City	Provider city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Current date.	8	Date (MM/DD/CCYY)	DUAL	SYSDATE
Effective Date	Effective date of the contract.	8	Date (MM/DD/CCYY)	T_PR_PHP_ELIG	DTE_EFFECTIVE
Expiration Date	Expiration date of contract.	8	Date (MM/DD/CCYY)	T_PR_PHP_ELIG	DTE_END
Medicaid Provider Number	Medicaid provider number.	15	Char	T_PR_IDENTIFIER	ID_PROVIDER
Provider Address Line 1	Provider address line 1.	30	Char	T_PR_ADR	ADR_MAIL_STRT1
Provider Address Line 2	Provider address line 2.	30	Char	T_PR_ADR	ADR_MAIL_STRT2
Provider Name	Provider name.	50	Char	T_PR_NAM	NAME
Provider Type Description	Description of provider type	50	Char	T_PR_TYPE_CDE	DSC_PROV_TYPE
State	Provider state.	2	Char	T_PR_ADR	ADR_MAIL_STATE
Zip	Provider zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider zip code 4-digit extension.	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.2.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.2.5 Associated Requirements**

ID
2913

**2.9.2.6 Change Orders**

ID	Name	Description
2900	KYAmend-PR - DMS A (Welcome)	Modify PRV-9008-R (Provider Welcome Letter) for KY needs.

### 2.9.3 PRV-9009-R -- Provider Change Notification Letter

The Provider change notification letter is used to acknowledge changes requested by a provider to their file.

#### 2.9.3.1 Technical Name

PRV-9009-R

#### 2.9.3.2 Provider Change Notification Letter Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

RE: Provider Number: #####

Dear Provider:

Thank you for notifying the Department for Medicaid Services that a change has occurred relevant to the above referenced provider number.

\_\_\_ Change of address from: \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_ Change in FYE from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_ Change in name from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_ Change in administrator from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_ Removal of the following physician(s) from your group practice (if more than one is being removed please see attached sheet)

\_\_\_ Other (please specify) \_\_\_\_\_.

\_\_\_ Effective Date \_\_\_\_\_.

Facilities that are surveyed for certification will need to notify the Office of Inspector General at 501-564-2800.

If you have questions regarding your enrollment, please call the KYHealth Choices Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help You between the hours of 8 am and 6 pm, EST, Monday through Friday.

Sincerely,

Jason Milligan, Directory

cc: KYHealth Choices Services - Provider Enrollment Department  
Michelle Literal, DMS

**2.9.3.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDRESS 1	First line of provider's address.	30	Char	T_PR_ADR	ADR_MAIL_STR T1
ADDRESS 2	Second line of provider's address.	30	Char	T_PR_ADR	ADR_MAIL_STR T2
CITY	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CIT Y
DATE	Date the letter is generated.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
PROVIDER NAME	Provider's name.	50	Char	T_PR_NAME	NAME
PROVIDER NUMBER	The provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
STATE	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STA TE
ZIP	Provider's Zip+4 Code.	10	Char	T_PR_ADR	ADR_MAIL_ZIP, ADR_MAIL_ZIP_ 4

**2.9.3.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.3.5 Associated Requirements**

ID
No associated Requirements found.

**2.9.3.6 Change Orders**

ID	Name	Description
No associated Change Orders found.		

#### 2.9.4 PRV-9026-R -- Provider EFT Error Letter

The Provider EFT Error letter is used to explain the electronic funds transfer (EFT) discrepancy, as well as provide further EFT enrollment instructions to the provider. The Medicaid Management Information System (MMIS) allows the user to create this letter using the PRV-9026-R Provider EFT Error option from the Provider Reports and Letters - Letters page.

#### 2.9.4.1 Technical Name

PRV-9026-R

#### 2.9.4.2 Provider EFT Error Letter Layout

MONTH DD, YYYY

PROVIDER NAME  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, ST ZIP-ZIP4

Provider ID: {#####}

Dear Provider,

Thank you for your participation in the Electronic Funds Transfer (EFT) for your KYHealth Choices Programs payments. In setting up your EFT information, our bank notified us they were unable to process the EFT due to **incorrect or incomplete information**. Please compare the following information you supplied against the information the bank supplied.

	<u>Your Information</u>	<u>Bank Information</u>
Account Number	{#####}	<i>{purposely omitted: this field is hand-written by the provider}</i>
ABA Transit Routing Number	{#####}	<i>{purposely omitted: this field is hand-written by the provider}</i>

Please Circle One      CHECKING      SAVINGS

Please provide the corrected information within five (5) business days. Please make a copy of this document for your files and forward the original to:

KYHealth Choices Program  
PO Box 2110  
Frankfort, KY 40602

If the information provided by the bank is correct, sign the authorization line below authorizing the KYHealth Choices Program to update your provider record.

---

Authorized signature      Date

Thank you for your prompt attention to this matter.

Sincerely,

Provider Contracting

**2.9.4.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Bank ABA Transit Routing Number	ABA transit routing number must be entered manually if necessary.	9	Character	T_PR_EFT_ACCT	NUM_ABA
Bank Account Number	Account number provided must be entered manually if necessary.	17	Character	T_PR_EFT_ACCT	NUM_EFT_ACCT
Provider ABA Transit Routing Number	ABA transit routing number must be entered manually if necessary.	9	Character	T_PR_EFT_ACCT	NUM_ABA
Provider City, State, and Zip	Provider city, 2-digit state, and 5+4 zip code.	30	Character	T_PR_ADR	ADR_MAIL_CITY, STATE, ZIP
Provider Name	Provider name.	50	Character	T_PR_NAM	NAME
Provider Number	Provider number and service location.	10	Character	T_PR_IDENTIFIER	ID_PROVIDER
Provider Account Number	Bank account number provided by provider.	17	Character	T_PR_EFT_ACCT	NUM_EFT_ACCT
Provider Address 1	Mailing address line 1.	30	Character	T_PR_ADR	ADR_MAIL_STRT 2
Provider Address 2	Mailing address line 2, if necessary.	30	Character	T_PR_ADR	ADR_MAIL_STRT 1

**2.9.4.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.4.5 Associated Requirements**

ID
No associated Requirements found.

**2.9.4.6 Change Orders**

ID	Name	Description
No associated Change Orders found.		

## 2.9.5 PRV-9100-R -- Provider Annual Disclosure of Ownership Letter

This is the Provider Annual Disclosure of Ownership Letter.

### 2.9.5.1 Technical Name

PRV-9100-R

### 2.9.5.2 Provider Annual Disclosure of Ownership Letter Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

RE: #####

Dear Provider:

Federal and state law requires all providers to update their ownership information with the Medicaid program annually. Please complete and return the attached Annual Disclosure of Ownership (ADO) form to KYHealth Choices Services, at the address listed below within thirty (30) days to prevent termination of your eligibility to participate with the KYHealth Choices program.

KYHealth Choices Services

P.O. Box 2110

Frankfort, KY 40602

If you have submitted the required information to KYHealth Choices Services, please disregard this letter. If you have questions, please call the KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8am and 6 pm, EST, Monday through Friday.

Sincerely,

Barry Ingram, Director

Division of Hospital and Provider Operations

Attachment

**2.9.5.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date letter is generated.	0	Date (MM/DD/CYY)	DUAL	SYSDATE
Provider Number	Provider's identification number.	15	Char	T_PR_INDENTIFIER	ID_PROVIDER
Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.5.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.5.5 Associated Requirements**

ID
2913

**2.9.5.6 Change Orders**

ID	Name	Description
2918	KYAmend-PR - ADO Letter	Create this letter for interChange.

## 2.9.6 PRV-9103-R -- Provider Change of Ownership with Bed Data

This is the Provider Change of Ownership with Bed Data letter.

### 2.9.6.1 Technical Name

PRV-9103-R

### 2.9.6.2 Provider Change of Ownership with Bed Data Layout

PROVIDER NAME MM/DD/YYYY  
 ADDRESS LINE 1  
 ADDRESS LINE 2  
 CITY, ST ZIP-ZIP4

Dear Provider:

This is to acknowledge receipt of your application advising us that there has been a change of Ownership. Your previous provider number (#####) has been end dated effective MM/DD/YYYY. Your new KYHealth Choices provider number is (#####), effective MM/DD/YYYY through MM/DD/YYYY. This provider number is for your exclusive use and is to be used on all correspondence submitted to the Kentucky Department for Medicaid Services or our fiscal agent, KYHealth Choices Services. Your facility is certified for the rooms and beds listed in the chart below.

Title 18/19 Beds										Title 19 Beds ONLY									
Rm	Rm	Rm	To	Rm	Bed	Total	Beds/	Beds		Rm	Rm	Rm	To	Rm	Bed	Total	Beds/	Beds	
Prefix	Rm#	Suffix	Prefix	Rm#	Suffix	#s	Rooms	Room	Certified	Prefix	Rm#	Suffix	Prefix	Rm#	Suffix	#s	Rooms	Room	Certified

Based upon the recommendation from the Office of Inspector General your agreement to participate in the nursing facility segment of the KYHealth Choices Program will continue until further notice.

Please notify the Office of Inspector General at 502-564-2800 and KYHealth Choices Services of any bed change, ownership change, address change, change in tax id or licensure status immediately.

Please send written notice of any changes to:

KYHealth Choices Services  
 PO Box 2110  
 Frankfort, KY 40602

Page 2 of 2

If you have questions regarding your enrollment, please call the KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday. You may submit claims for payment for services rendered to Commonwealth recipients on or after the effective date. If you have questions about billing and/or claims processing, please call KYHealth Choices at (800) 807-1232.

Sincerely,

Barry Ingram, Director  
 Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.6.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Today's date.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
Name	Provider's name.	50	Char	T_PR_NAM	NAME
New ID	Provider's new ID.	15	Char	T_PR_IDENTIFI ER	ID_PROVIDER
New ID's End Date	Date the new provider's ID will become invalid.	8	Date (MM/DD/CC YY)	?????	????
New ID's Start Date	Date the new provider's ID becomes or became valid.	8	Date (MM/DD/CC YY)	?????	????
Previous ID	Provider's original ID.	15	Char	?????	????
Previous ID's End Date	Date the original provider's ID becomes or became invalid.	8	Date (MM/DD/CC YY)	?????	????
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Total Beds	Number of Medicare + Medicaid beds.	8	Number	T_PR_BEDS	NUM_BOTH_BE DS
Total Medicare Beds	Number of Medicare beds.	6	Number	T_PR_BEDS	NUM_MEDICARE _BEDS
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension	4	Char	T_PR_ADR	ADR_MAIL_ZIP_ 4

Field	Description	Length	Data Type	DB Table	DB Attributes
	[OPTIONAL].				

**2.9.6.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.6.5 Associated Requirements**

ID
2913

**2.9.6.6 Change Orders**

ID	Name	Description
2901	KYAmend-PR - DMS C (CHOW)	Create this letter for interChange.

## 2.9.7 PRV-9104-R -- Provider Date Extension

This is the Provider Date Extension letter.

### 2.9.7.1 Technical Name

PRV-9104-R

### 2.9.7.2 Provider Date Extension Layout

PROVIDER NAME	MM/DD/YYYY
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY, ST ZIP-ZIP4	

Dear Provider:

Provider number {#####} has been extended through MM/DD/YYYY. This provider number is for your exclusive use and is to be included on all correspondence to the Kentucky Department for Medicaid Services or Kentucky Health Choices.

You are responsible for notifying KYHealth Choices of any change in address, name, tax structure, and/or ownership immediately. Please send written notice of any changes to:

Kentucky Healthy Choices  
PO Box 2110  
Frankfort, KY 40602

If you have questions regarding your enrollment, please call the Kentucky Health Choices Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday.

You may submit claims for payment for services rendered to Commonwealth recipients on or after the effective date. If you have questions about billing and/or claims processing, please call KYHealth Choices at (800) 807-1232.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.7.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CCY Y)	DUAL	SYSDATE
End date	Provider's end date.	8	Date (MM/DD/CCY Y)	T_PR_PHP_ELIG	DTE_END
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip+4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.7.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.7.5 Associated Requirements**

ID
2913

**2.9.7.6 Change Orders**

ID	Name	Description
2902	KYAmend-PR - DMS D (Prov # Ext)	Create this letter for interChange.

## 2.9.8 PRV-9109-R -- Annual Disclosure of Ownership Not Received

Request the Annual Disclosure of Ownership form (page 1 only).

### 2.9.8.1 Technical Name

PRV-9109-R

### 2.9.8.2 Annual Disclosure of Ownership Not Received Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

RE: #####

Dear Provider:

Our records indicate that we have not received your updated Annual Disclosure of Ownership (ADO). Pursuant to 42 CFR 455.104 and KRS Chapter 205, as amended, this form is required by federal and state regulations. Please complete and return the attached Annual Disclosure of Ownership (ADO) form to KYHealth Choices Services, at the address listed below within thirty (30) days. If ADO is not received within thirty (30) days, your Medicaid participation will be interrupted.

KYHealth Choices Services

P.O. Box 2110

Frankfort, KY 40602

If you have questions, please contact KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday.

Sincerely,

Barry Ingram, Director

Division of Hospital and Provider Operations

Attachment

**2.9.8.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Today's date.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
Provider Number	Provider's identification number.	0	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_ 4

**2.9.8.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.8.5 Associated Requirements**

ID
2913

**2.9.8.6 Change Orders**

ID	Name	Description
2911	KYAmend-PR - DMS I (ADO not rec)	Create this letter for interChange.

## 2.9.9 PRV-9113-R -- No Billing for 24 Months

No billings received within the past 24 months.

### 2.9.9.1 Technical Name

PRV-9113-R

### 2.9.9.2 No Billing for 24 Months Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

RE: #####

Dear Provider:

Our records indicate there have been no billings received for the above provider number during the past 24 months. Therefore, in accordance with 907 KAR, Section 6(15), the provider number listed above will be end dated 30 (thirty) days from the date of this notice, unless we receive in writing one of the following:

1. Evidence of billing Medicaid during the past 24 consecutive months; or
2. An expression of intent to bill Medicaid, which shall include specific information as to services provided, or to be provided to Medicaid recipients, anticipated claim submission dates, and any related information.

Upon receipt of this information, the Department reserves the right to terminate the provider number at a later date if claims are not received consistent with your expression of intent.

Please fax or mail this information along with a copy of this letter to the address below:

Department for Medicaid Services  
Division of Hospital and Provider Operations  
275 East Main Street 6C-B  
Frankfort, KY 40621  
Fax number (502) 564-3852

If you have questions, please contact KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.9.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CCYY )	DUAL	SYSDATE
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension. [OPTIONAL]	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.9.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.9.5 Associated Requirements**

ID
2913

**2.9.9.6 Change Orders**

ID	Name	Description
2906	KYAmend-PR - DMS M (No Billing)	Create this letter for interChange.

## 2.9.10 PRV-9114-R -- License Certificate Request

This letter is used to request renewed license or professional certificate.

### 2.9.10.1 Technical Name

PRV-9114-R

### 2.9.10.2 License Certificate Request Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

RE: #####

Dear Provider:

Our records indicate we have not received a renewed license or professional certificate from you this year. If you wish to continue to participate in the KYHealth Choices program, please submit a current license or professional certificate to the address listed below. Please include your provider number and address.

KYHealth Choices Services  
Attention: Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

If the Department does not receive your renewed license or professional certificate within thirty-five (35) days of this notice, your provider participation will be end dated in accordance with KAR 907, Section (B) 4.

If you have questions, please contact KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.10.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CCYY)	DUAL	SYSDATE
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.10.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.10.5 Associated Requirements**

ID
2913

**2.9.10.6 Change Orders**

ID	Name	Description
2907	KYAmend-PR - DMS N (License Req)	Create this letter for interChange.

## 2.9.11 PRV-9127-R -- QMB Provider Agreement Letter

This is the Qualified Medicare Beneficiary (QMB) Provider Agreement Approval letter.

### 2.9.11.1 Technical Name

PRV-9127-R

### 2.9.11.2 QMB Provider Agreement Letter Layout

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

Dear QMB Provider:

This is to acknowledge the approval of your Provider Agreement by the KYHealth Choices Program to participate as a **{Type Description}**.

Your assigned provider number is {#####}.

Effective for dates of service of {MM/DD/YYYY} through {MM/DD/YYYY}.

Please include your KYHealth Choices number on all correspondence to KYHealth Choices or KYHealth Choices Services. To remain an eligible provider beyond the date referenced above, you must submit to KYHealth Choices Services a copy of your license each time it is renewed. As a Qualified Medicare Beneficiary (QMB) provider, you will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare Reimbursement.

No reimbursement will be issued by KYHealth Choices for services to recipients who only have Medicaid benefits.

Notify KYHealth Choices Services in writing immediately if there is a change in your address, ownership, tax status or licensure status. Please feel free to contact the Provider Enrollment Department at KYHealth Choices Services for all enrollment issues and inquiries at:

KYHealth Choices Services - Provider Enrollment

P.O. Box 2110

Frankfort, KY 40602

(877) 838-5085

For questions or concerns relating to billing or claims processing, please call KYHealth Choices Services Provider Relations at (800) 807-1232. For information pertaining to Program policy, please contact the appropriate staff at the Department for Medicaid Services at (502) 564-2687.

Sincerely,

Barry Ingram, Director

Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.11.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
End Date	Provider's end date.	8	Date (MM/DD/CC YY)	T_PR_PHP_ELIG	DTE_END
Provider Number	Provider's identification number.	50	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
Start Date	Provider's effective (start) date.	8	Date (MM/DD/CC YY)	T_PR_PHP_ELIG	DTE_EFFECTIVE
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Type	Provider's facility type.	50	Char	T_PR_SPEC_CDE	DSC_PROV_SPE C
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_ 4

**2.9.11.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.11.5 Associated Requirements**

ID
2913

**2.9.11.6 Change Orders**

ID	Name	Description
2913	KYAmend-PR - LTR QMB	Create this letter for interChange.

**2.9.12 PRV-9128-R -- Physician Assistant Approval Letter**

This is the approval of the Provider Agreement letter for Physician Assistants by KYHealth Choices.

**2.9.12.1 Technical Name**

PRV-9128-R

For readability, the layout appears on the next page.

**2.9.12.2 Physician Assistant Approval Letter Layout**

PROVIDER NAME MM/DD/YYYY  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, ST ZIP-ZIP4

Dear Physician Assistant:

This is to acknowledge the approval of your Provider Agreement by the KYHealth Choices Program to participate as a Physician Assistant.

Your assigned provider number is {#####}. Effective for dates of service of {MM/DD/YYYY} through {MM/DD/YYYY}.

You are linked to at least the following physician provider number(s): {#####}; {#####}; {#####}; {#####}; {#####}; {#####}; {#####}; {#####};

Please verify that the above provider numbers are correct, if not, contact KYHealth Choices Services Provider Enrollment to correct this information.

Please include your KYHealth Choices number on all correspondence to KYHealth Choices or to KYHealth Choices Services, and refer to billing instructions for correct completion of reimbursement forms.

You are also enrolled as a Qualified Medicare Beneficiary (QMB) provider, for services provided to recipients who have Medicare in addition to Medicaid. As a QMB provider you will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare Reimbursement.

In order to remain an eligible provider beyond the date referenced above, you must submit to KYHealth Choices Services a copy of your license each time it is renewed.

Page 2 of 2

Notify KYHealth Choices Services in writing immediately if there is a change in your address, ownership, tax status or licensure status. Please feel free to contact the Provider Enrollment Department at KYHealth Choices Services for all enrollment issues and inquiries at:

KYHealth Choices Services - Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
(877) 838-5085

For questions or concerns relating to billing or claims processing, please call KYHealth Choices Services Provider Relations at (800) 807-1232. For information pertaining to Program policy, please contact the appropriate staff at the Department for Medicaid Services at (502) 564-2687.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.12.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
End Date	Provider's end date.	0	Date (MM/DD/CC YY)	T_PR_PHP_ELIG	DTE_END
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIER	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
Provider Link Numbers	One or more provider identification numbers linked to this provider.	15	Character	T_PR_IDENTIFIER	ID_PROVIDER
Start Date	Provider's start (effective) date.	8	Date (MM/DD/CC YY)	T_PR_PHP_ELIG	DTE_EFFECTIVE
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STATE
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.12.4 Associated Programs**

Program	Description
---------	-------------

Program	Description
No associated Programs found.	

**2.9.12.5 Associated Requirements**

ID
2913

**2.9.12.6 Change Orders**

ID	Name	Description
2914	KYAmend-PR - LTR PA (Asst Enrll)	Create this letter for interChange.

### 2.9.13 PRV-9140-R -- Provider Physician Assistant Extension

This is the letter that informs the Physician Assistant the Provider numbers they are linked to and to gives them the date their Provider number has been extended to.

#### 2.9.13.1 Technical Name

PRV-9140-R

#### 2.9.13.2 Provider Physician Assistant Extension Layout

PROVIDER NAME  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, ST ZIP-ZIP4

MM/DD/YYYY

Dear Physician Assistant:

Provider number {#####} has been extended through {MM/DD/YYYY}.

You are linked to at least the following physician provider number(s): {#####}; {#####}; {#####};  
{#####}; {#####}; {#####}

Please verify that the above provider numbers are correct, if not, contact KYHealth Choices Services Provider Enrollment to correct this information.

Please include your KYHealth Choices number on all correspondence to KYHealth Choices or to KYHealth Choices Services, and refer to billing instructions for correct completion of reimbursement forms.

You are also enrolled as a Qualified Medicare Beneficiary (QMB) provider, for services provided to recipients who have Medicare in addition to Medicaid. As a QMB provider you will only receive reimbursement for co-pay and deductible amounts on services when you have received Medicare Reimbursement.

In order to remain an eligible provider beyond the date referenced above, you must submit to KYHealth Choices Services a copy of your license each time it is renewed.

Notify KYHealth Choices Services in writing immediately if there is a change in your address, ownership, tax status or licensure status. Please feel free to contact the Provider Enrollment Department at KYHealth Choices Services for all enrollment issues and inquiries at:

KYHealth Choices Services - Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
(877) 838-5085

Page 2 of 2

For questions or concerns relating to billing or claims processing, please call KYHealth Choices Services Provider Relations at (800) 807-1232. For information pertaining to Program policy, please contact the appropriate staff at the Department for Medicaid Services at (502) 564-2687.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.13.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CCYY)	DUAL	SYSDATE
End date	Provider's end date.	8	Date (MM/DD/CCYY)	T_PR_PHP_ELIG	DTE_END
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
Provider Link Numbers	One or more provider identification numbers linked to this provider.	15	Character	T_PR_IDENTIFIE R	ID_PROVIDER
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.13.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.13.5 Associated Requirements**

ID
2913

**2.9.13.6 Change Orders**

<b>ID</b>	<b>Name</b>	<b>Description</b>
3444	KYAmend - Asst Extended	PRV-9140-R

## 2.9.14 PRV-9141-R -- Provider Emergency Application Approval

This is the Provider Emergency Application Approval letter.

### 2.9.14.1 Technical Name

PRV-9141-R

### 2.9.14.2 Provider Emergency Application Approval Layout

PROVIDER NAME MM/DD/YYYY  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, ST ZIP-ZIP4

Dear Provider:

This is to acknowledge receipt of your application to participate with the Department for KYHealth Choices as a {Provider Type Description}.

Your assigned provider number is: {Medicaid Provider Number}.

Effective for dates of service MM/DD/YYYY through MM/DD/YYYY.

This number is for your exclusive use. Please include your KYHealth Choices number on all correspondence to KYHealth Choices or KYHealth Choices, our fiscal agent. To remain an eligible provider beyond the date referenced above, you must submit a completed MAP-811, the standard provider enrollment application package to KYHealth Choices Services within 30 days of the effective date of your temporary enrollment.

If you choose to continue your enrollment beyond the "through" date referenced above, please send your completed MAP-811 to:

KYHealth Choices Services  
PO Box 2110  
Frankfort, KY 40602

If you have questions regarding your enrollment, please call the KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday. You may submit claims for payment for services rendered to Commonwealth recipients on or after the effective date. If you have questions about billing and/or claims processing, please call KYHealth Choices at (800) 807-1232.

Sincerely,

Barry Ingram, Director  
Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.14.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
End date	Provider's end date.	8	Date (MM/DD/CC YY)	T_PR_PHP_ELIG	DTE_END
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
Provider Type Description	Provider type description	50	Char	T_PR_TYPE_CD E	DSC_PROV_TYPE
Start Date	Provider's start (effective) date.	8	Date (MM/DD/CC YY)	T_PR_PHP_ELIG	DTE_EFFECTIVE
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STATE
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.14.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.14.5 Associated Requirements**

ID
----

ID
2913

**2.9.14.6 Change Orders**

ID	Name	Description
3445	KYAmend - Emerg App approval	PRV-9141-R

## 2.9.15 PRV-9150-R -- Provider Direct Deposit Acknowledgement

This is the Provider Direct Deposit Acknowledgement letter.

### 2.9.15.1 Technical Name

PRV-9150-R

### 2.9.15.2 Provider Direct Deposit Acknowledgement Layout

PROVIDER NAME  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, ST ZIP-ZIP4

MM/DD/YYYY

Dear Provider:

Thank you for enrolling in the KYHealth Choices Direct Deposit system. The account information below has been added to the KYHealth Choices Management Information system, and a pre-notification transaction (pre-note) was sent to your financial institution on {MM/DD/YYYY}.

Unless KYHealth Choices Services is notified differently by the Department for Medicaid Services, your electronic funds transfer will be effective with the {MM/DD/YYYY} payment cycle.

Provider Number: {#####}

ACH Routing Number: {#####}

Account Number: {#####}

Account Type: {XXXXXXXX}

If this information is not correct, or if you have any questions, please contact KYHealth Choices Services at 1-877-838-5085. Thank you for your continued service to the KYHealth Choices Program.

Sincerely,

Glenn Jennings  
Commissioner

**2.9.15.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
ACH Routing Number	Provider's Automated Clearing House (ACH) routing number.	30	Char	?????	????
Account Number	Provider's Electronic Transfer Fund (ETF) account number.	30	Char	?????	????
Account Type	Provider's Electronic Transfer Fund (ETF) account type.	30	Char	?????	????
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT 2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Today's date.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
ETF Start Date	Provider's Electronic Transfer Fund (ETF) start (effective) date.	8	Date (MM/DD/CC YY)	?????	????
Provider Number	Provider's ID.	15	Char	T_PR_IDENTIFI ER	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STAT E
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_ 4

**2.9.15.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.15.5 Associated Requirements**

ID
2913

**2.9.15.6 Change Orders**

ID	Name	Description
3446	KYAmend - Direct Deposit	Provider Letter PRV-9150-R.

**2.9.16 PRV-9151-R -- Request for Provider Direct Deposit Enrollment**

This is the request for Provider Direct Deposit Enrollment letter (page 1 only).

**2.9.16.1 Technical Name**

PRV-9151-R

**2.9.16.2 Request for Provider Direct Deposit Enrollment Layout**

PROVIDER NAME

MM/DD/YYYY

ADDRESS LINE 1

ADDRESS LINE 2

CITY, ST ZIP-ZIP4

Dear Provider:

In September 2004, the Kentucky Department for Medicaid Services began requiring direct deposit for Medicaid Provider payments. Direct deposit will guarantee the timely availability of funds and eliminate the possibility of lost payments, ensuring that providers receive payments faster and more efficiently.

Enclosed is the Direct Deposit Enrollment form (MAP-811 Addendum E) and instructions for its completion. Please return the completed form within sixty (60) days of the date of this letter. Obtaining your current financial institution information will insure that your Medicaid payments will be directly deposited. Should this information change at any time during the year, it is your responsibility to notify the Department immediately, using this same form.

You may also obtain this form online at [www.kymmis.com](http://www.kymmis.com). If you have questions, please contact KYHealth Choices Services at 877-838-5085. A provider enrollment specialist will be available to assist you between the hours of 8:00 AM and 6:00 PM, EST, Monday through Friday.

Sincerely,

Glenn Jennings  
Commissioner

**2.9.16.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CCYY)	DUAL	SYSDATE
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STATE
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension [OPTIONAL].	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

**2.9.16.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.16.5 Associated Requirements**

ID
2913

**2.9.16.6 Change Orders**

ID	Name	Description
3447	KYAmend - Direct Dep Enroll	PRV-9151-R - First page only.

**2.9.17 PRV-9212-R -- New Enrollee with Bed List**

This letter is to acknowledge receipt of the application for the New Enrollee with Bed List.

**2.9.17.1 Technical Name**

PRV-9212-R

For readability, the layout appears on the next page.

## 2.9.17.2 New Enrollee with Bed List Layout

PROVIDER NAME MM/DD/YYYY  
 ADDRESS LINE 1  
 ADDRESS LINE 2  
 CITY, ST ZIP-ZIP4

Dear Provider:

This is to acknowledge receipt of your application advising with the Department for KYHealth Choices as a **(Type Description)**. Your assigned provider number is {#####}, effective for dates of service MM/DD/YYYY through MM/DD/YYYY. This provider number is for your exclusive use. Please include your KYHealth Choices number on all correspondence submitted to KYHealth Choices or KYHealth Choices Services. To remain an eligible provider beyond the date referenced above, you must submit a copy of your license to KYHealth Choices service each time it is issued. Your facility is certified for the rooms and beds listed in the chart below.

Title 18/19 Beds										Title 19 Beds <u>ONLY</u>									
Rm	Rm	Rm	To	Rm	Bed	Total	Beds/	Beds/		Rm	Rm	Rm	To	Rm	Bed	Total	Beds/	Beds/	
Prefix	Rm#	Suffix	Prefix	Rm#	Suffix	#s	Rooms	Room	Certified	Prefix	Rm#	Suffix	Prefix	Rm#	Suffix	#s	Rooms	Room	Certified

Based upon the recommendation from the Office of Inspector General your agreement to participate in the nursing facility segment of the KYHealth Choices Program will continue until further notice.

Please notify the Office of Inspector General at 502-564-2800 and KYHealth Choices Services of any bed change, ownership change, address change, change in tax id or licensure status immediately.

Please send written notice of any changes to:

KYHealth Choices Services  
 PO Box 2110  
 Frankfort, KY 40602

Page 2 of 2

If you have questions regarding your enrollment, please call the KYHealth Choices Services Provider Enrollment Department toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 6 pm, EST, Monday through Friday. You may submit claims for payment for services rendered to Commonwealth recipients on or after the effective date. If you have questions about billing and/or claims processing, please call KYHealth Choices at (800) 807-1232.

Sincerely,

Barry Ingram, Director  
 Division of Hospital and Provider Operations

cc: KYHealth Choices Services - Provider Enrollment Department

**2.9.17.3 Field Descriptions**

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	Provider's first address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT1
Address 2	Provider's second address line.	30	Char	T_PR_ADR	ADR_MAIL_STRT2
City	Provider's city.	30	Char	T_PR_ADR	ADR_MAIL_CITY
Date	Date the letter is generated.	8	Date (MM/DD/CC YY)	DUAL	SYSDATE
Effective Date	Provider's effective (start) date.	8	Char	T_PR_PHP_ELIG	DTE_EFFECTIVE
End Date	Provider's end date.	8	Char	T_PR_PHP_ELIG	DTE_END
Provider Number	Provider's identification number.	15	Char	T_PR_IDENTIFIE R	ID_PROVIDER
Provider Name	Provider's name.	50	Char	T_PR_NAM	NAME
State	Provider's state.	2	Char	T_PR_ADR	ADR_MAIL_STATE
Total Beds	Total number of Medicare and Medicaid beds.	8	Number	T_PR_BEDS	NUM_BOTH_BEDS
Total Medicare Beds	Number of Medicare beds.	6	Number	T_PR_BEDS	NUM_MEDICARE_B EDS
Type Description	Provider's facility type.	50	Char	T_PR_SPEC_CDE	DSC_PROV_SPEC
Zip	Provider's 5-digit zip code.	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Zip + 4	Provider's 4-digit zip code extension	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4

Field	Description	Length	Data Type	DB Table	DB Attributes
	[OPTIONAL].				

**2.9.17.4 Associated Programs**

Program	Description
No associated Programs found.	

**2.9.17.5 Associated Requirements**

ID
2913

**2.9.17.6 Change Orders**

ID	Name	Description
2912	KYAmend-PR - LTR 012 (Bed)	Create this letter for interChange.

## 2.10 Internal and External Interfaces

The Provider Data Maintenance Input and Output files folder contains a list of all subsystem external input and output files, as well as who sends or receives the file and the frequency with which it is transacted. It also contains the file layouts for each of the external files in this subsystem.

### 2.10.1 Input Files

Interface ID	File Description	Entity	Frequency
635	KMAA Provider Data – Includes all provider data, W-9 information, Licenses, CLIA, EFT, and all Enrollment data.	First Health	Real Time
379	CLIA OSCAR File – Transferred to interChange from First Health	CMS via First Health	Daily
640	DMS Provider Rates	DMS	On Request
808	Prescriber License	First Health (KMAA)	Daily and Monthly
N/A	NPI and Taxonomy Load	First Health (KMAA)	On Request (one time load)

### 2.10.2 Output Files

Interface ID	File Description	Entity	Frequency
606	CLIA Partnership Extract File	Passport	Monthly
635	KMAA Output Transaction	First Health	Real Time
382	KAMES provider Extract File	KAMES	Daily
364	PA-62 Provider Extract File	CW Public Assistance System	Daily
525	Provider License file for passport	Passport	Monthly
524	Provider Master File for Passport	Passport	Monthly
420	PBA Provider Extract	First Health	Daily
426	PBA License Extract	First Health	Daily
N/A	Captiva Provider Stub File	Captiva	Daily

Interface ID	File Description	Entity	Frequency
N/A	Captiva Taxonomy Stub File	Captiva	Daily
745	KMAA Provider Deactivation File	First Health	Quarterly
556	HMS (formerly PCG) Provider Extract	HMS	Monthly
710	Max MC Provider Extract	SHPS	Daily
Obsolete	Transportation Board (No longer sent)	DOT	Daily

### 2.10.3 File Layouts:

- CLIA Layout;
- CLIA Partnership Extract File;
- DMS Rate Input;
- KAMES Output file;
- KMAA NPI and Taxonomy Load file;
- KMAA Integration\_IRD\_030707;
- MaxMC Provider Extract;
- NET Provider Extract file;
- PA-62 Output file;
- Passport Consolidated Provider file;
- PBA License Extract;
- PBA Provider Extract;
- PCG file;
- Provider License file for Passport;
- Provider MEUPS file;
- Taxonomy Stub File; and,
- KMAA Provider Interface Design\_files.

### 2.10.4 CLIA Layout

This is the file that EDS receives from OSCAR with all the updated CLIA information.

Interface ID – 379

DDI File Name: prv01205\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
MSA Header Record					
Record type	Numeric	1	1	1	0 (zero)
Title	Alpha	2	19	18	CLIA Header – MSA
File Creation Date	Numeric	20	27	8	YYYYMMDD
Filler	Alpha	28	147	120	Spaces
Header Record End Char	Alpha	148	148	1	'A'
MSA Laboratory Record					
Record type	Numeric	1	1	1	1(one)
CLIA ID number	Alpha/Numeric	2	11	10	CLIA Number
NPI number	Alpha/Numeric	12	21	10	National Provider Identifier
Payment indicator	Alpha	22	22	1	Y = Paid
EIN/SSN	Numeric	23	31	9	Employer ID # (Part B)
Provider number	Alpha/Numeric	32	37	6	Part A Institutional Provider #
Name	Alpha/Numeric	38	62	25	Laboratory name
Street	Alpha/Numeric	63	92	30	Street address
City	Alpha/Numeric	93	120	28	City name
State	Alpha	121	122	2	State abbreviation
Zip	Alpha/Numeric	123	131	9	Zip code
Update code	Alpha	132	132	1	D = Delete
					A = Add

Field	Data Type	Start	End	Length	Description
					U = Update/Change
Update date	Numeric	133	140	8	YYYYMMDD
Filler	Alpha	141	160	20	Date and Time Stamps
Detail Record End Char	Alpha	161	161	1	'D'
Type 5 record					
Record type	Numeric	1	1	1	5(five)
CLIA ID number	Alpha/Numeric	2	11	10	CLIA number
LC	Numeric	12	14	3	Laboratory Code
Effective date	Numeric	15	22	8	YYYYMMDD
Expiration date	Numeric	23	30	8	YYYYMMDD
LC	Numeric	31	33	3	Laboratory Code
Effective date	Numeric	34	41	8	YYYYMMDD
Expiration date	Numeric	42	49	8	YYYYMMDD
LC	Numeric	50	52	3	Laboratory Code
Effective date	Numeric	53	60	8	YYYYMMDD
Expiration date	Numeric	61	68	8	YYYYMMDD
LC	Numeric	69	71	3	Laboratory Code
Effective date	Numeric	72	79	8	YYYYMMDD
Expiration date	Numeric	80	87	8	YYYYMMDD
LC	Numeric	88	90	3	Laboratory Code

Field	Data Type	Start	End	Length	Description
Effective date	Numeric	91	98	8	YYYYMMDD
Expiration date	Numeric	99	106	8	YYYYMMDD
LC	Numeric	107	109	3	Laboratory Code
Effective date	Numeric	110	117	8	YYYYMMDD
Expiration date	Numeric	118	125	8	YYYYMMDD
LC	Numeric	126	128	3	Laboratory Code
Effective date	Numeric	129	136	8	YYYYMMDD
Expiration date	Numeric	137	144	8	YYYYMMDD
Update Date	Numeric	145	152	8	YYYYMMDD
Update Time	Numeric	153	158	6	HHMMSS
Lab Specialty Line Counter	Numeric	159	160	2	Detail line counter for this lab
Detail Record End Char	Alpha	161	161	1	'D'
Type 3 record					
Record type	Numeric	1	1	1	3 (three)
CLIA ID number	Alpha/Numeric	2	11	10	CLIA number
Certificate type	Numeric	12	12	1	1 = Regular
					2 = Waiver
					3 = Accreditation
					4 = Provider-performed Microscopy Procedure (PPMP)

Field	Data Type	Start	End	Length	Description
					5 = Partial Accredited
					9 = Registration
Type of laboratory	Numeric	13	13	1	1 = Independent
					2 = Physician-owned
Certificate number	Numeric	14	15	2	Latest certificate issued is always = 01 (Values 01 thru 10)
Effective date	Numeric	16	23	8	YYYYMMDD
Expiration date	Numeric	24	31	8	YYYYMMDD
Update code	Alpha	32	32	1	D = Delete
					A = Add
					U = Update/Change
Update date	Numeric	33	40	8	YYYYMMDD
Filler	Alpha	41	144	104	Spaces
Update date	Numeric	145	152	8	YYYYMMDD
Update Time	Numeric	153	158	6	HHMMSS
Line Counter	Numeric	159	160	2	Type 3 Detail line counter for this CLIA #
Detail Record End Char	Alpha	161	161	1	'D'
MSA Trailer Record					
Record Type	Numeric	1	1	1	9 (nine)
Title	alpha	2	20	19	'CLIA TRAILER - MSA '

Field	Data Type	Start	End	Length	Description
Delete records	numeric	21	28	8	Record count (Update code = D)
Update records	numeric	29	36	8	Record count (Update code = U)
Add records	numeric	37	44	8	Record count (Update code = A)
Total records	numeric	45	53	9	Total number of records
Laboratory records	numeric	54	61	8	Record count (Record type = 1)
Certificate records	numeric	62	69	8	Record count (Record type = 3)
Specialty records	numeric	70	77	8	Record count (Record type = 5)
filler	numeric	78	85	8	'00000000'
filler	numeric	86	93	8	'00000000'
Filler	Alpha	94	160	67	Spaces
Trailer Record End Char	Alpha	161	161	1	'T'

### 2.10.5 CLIA Partnership Extract File

Interface ID: 606

DDI File Name: prm84602\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
N1221093-PROV-NUMBER-AI1	Char	1	10	10	Provider Number
N1221093-CLIA-ID-NUMBER	Char	11	20	10	CLIA Number
N1221093-PROV-BASE-NUMBER	Char	21	34	14	Spaces

Field	Data Type	Start	End	Length	Description
N1221033-NUM-OF-CERT-DATA	Number	35	37	3	Number of Lab Certificate segments in the record
N1221033-NUM-OF-CLASSIF-DATA	Number	38	40	3	Number of Lab Classification segments in the record
N1221032-LAST-UPDATE-DATE	Char	41	48	8	Date last updated in MMDDCCYY format.
Filler	Char	49	51	3	Spaces, replacing the clerk id.
N1221093-CERT-DATA		52	753	702	<b>Occurs 27 times</b>
N1221014-CERT-TYPE	Char			1	Certificate Type
N1221014-CERT-BEGIN-DATE	Char			8	Certificate begin date in MMDDCCYY format.
N1221014-CERT-END-DATE	Char			8	Certificate end date in MMDDCCYY format.
N1221014-CERT-TRANS-DATE	Char			8	Date this segment was last updated.
N1221014-CERT-SOURCE	Char			1	Source of update (OSCAR or Manual)
N1221093-CLASSIF-DATA		754	2153	1400	<b>Occurs 50 times</b>
N1221014-PROV-CLASSIF-CD	Char			3	Lab Classification Code.
N1221014-PROV-CLASSIF-BEG-DT	Char			8	Begin date of class segment in MMDDCCYY format.
N1221014-PROV-CLASSIF-END-DT	Char			8	End date of class segment in MMDDCCYY format.
N1221014-PROV-LAB-SOURCE	Char			1	Source of update (OSCAR or Manual)
N1221014-PROV-LAB-SEG-	Char			8	Date this segment was last

Field	Data Type	Start	End	Length	Description
DATE					updated.

### 2.10.6 DMS Rate Input

This is a comma delimited file; the Provider Number may be 8 to 10 bytes. This file is produced by Myers/Stauffer.

Interface ID: 640

DDI File Name: prrate\_ccyymmdd\_hhmmss.dat

Field	Data Type	Length	Description
Provider Number	Char	8 – 10	Provider Number.
Comma	Char	1	,
Rate	Numeric	5	New Provider Rate

### 2.10.7 KAMES Output file

This file contains extracted Provider Master File information to be sent to KAMES. Changes from Legacy file layout include:

- The number of beds field is changing from a packed decimal field to a numeric field;
- Phone numbers are changing from packed decimal fields to numeric fields.;
- Billing agency is eliminated;
- Specialty Type table (occurs 5 times) is eliminated;
- Action Reason table (occurs 12 times) and is decreased to one occurrence. It will only contain the data from the '01' action reason code occurrence;
- Dates are now in CCYYMMDD format; and,
- Fillers are reduced/eliminated to reduce file layout from 4118 to 200 bytes.

Interface ID: 382

DDI File Name: prd84001\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
P1299712-KAMES_PROV-NUMBER	Char	1	13	13	KAMES provider number. This value is stored on t_pr_identifier where cde_prov_id_type = 'KME'
P1299612-PROV-3 <sup>RD</sup> -DIGIT	Char	14	14	1	Leave Blank (3 <sup>rd</sup> digit is now meaningless).
P1299692-PROV-NAME	Char	15	40	26	Provider Name: Last (15), First (10), Middle Initial (1)
P1299612-PROV-ADDR-LINE-1	Char	41	66	26	Address Line 1
P1299612-PROV-ADDR-LINE-2	Char	67	92	26	Address Line 2
P1299612-PROV-CITY	Char	93	108	16	Address City
P1299612-PROV-STATE	Char	109	110	2	Address State
P1299612-PROV-ZIP-CODE	Char	111	119	9	Address Zip Code
Filler	Char	120	120	1	Spaces
P1299612-PROV-COUNTY-CODE	Char	121	123	3	County Code
Filler	Char	124	124	1	Spaces
P1299612-NUM-MCAID-MCARE-BEDS	Char	125	130	6	Total number of certified beds (non packed)
Filler	Char	131	131	1	Spaces
P1299612-PROV-TELE-NUM	Char	132	141	10	Telephone number (non packed)
P1299612-PROV-TELE-NUM-2	Char	142	151	10	Secondary Telephone number (non packed)

Field	Data Type	Start	End	Length	Description
Filler	Char	152	152	1	Spaces
P1299613-ACTION-REASON-CD	Char	153	154	2	Action Reason code
P1299613-ACTION-R-START-DATE	Char	155	162	8	Effective Date
P1299613-ACTION-R-END-DATE	Char	163	170	8	End Date
FILLER	Char	171	200	30	Spaces

### 2.10.8 KMAA NPI and Taxonomy Load File

This file contains NPI and Taxonomy data for Medicaid providers. It is used for the initial load of this data into interChange. A provider may have up to 15 taxonomy segments.

Field	Data Type	Start	End	Length	Description
MEDICAID NUMBER	Character	1	10	10	Provider's Medicaid Number.
NPI	Character	11	20	10	National Provider Identifier
TAXONOMY (01)	Character	21	30	10	Provider's primary taxonomy
TAXONOMY (02)	Character	31	40	10	Provider's taxonomy
TAXONOMY (03)	Character	41	50	10	Provider's taxonomy
TAXONOMY (04)	Character	51	60	10	Provider's taxonomy
TAXONOMY (05)	Character	61	70	10	Provider's taxonomy
TAXONOMY (06)	Character	71	80	10	Provider's taxonomy

Field	Data Type	Start	End	Length	Description
	er				
TAXONOMY (07)	Character	81	90	10	Provider's taxonomy
TAXONOMY (08)	Character	91	100	10	Provider's taxonomy
TAXONOMY (09)	Character	101	110	10	Provider's taxonomy
TAXONOMY (10)	Character	111	120	10	Provider's taxonomy
TAXONOMY (11)	Character	121	130	10	Provider's taxonomy
TAXONOMY (12)	Character	131	140	10	Provider's taxonomy
TAXONOMY (13)	Character	141	150	10	Provider's taxonomy
TAXONOMY (14)	Character	151	160	10	Provider's taxonomy
TAXONOMY (15)	Character	161	170	10	Provider's taxonomy

### 2.10.9 KMAA Prescriber Input file

This file contains Prescriber License information coming from KMAA (First Health).

Interface ID: 808

File name: prd7701\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
NUM_PROV_LIC	Character	1	10	10	A provider license number.
LIC_SOURCE	Character	11	11	1	Manual or Electronic update (M or E)

Field	Data Type	Start	End	Length	Description
LIC_SPEC	Character	12	14	3	License Classification. Corresponds to License Specialty.
CDE_STATE_ISSUE	Character	15	16	2	Issuing state.
DTE_EFFECTIVE	Number	17	24	8	Effective date for an object. Used to signify the start of a span or period. In CCYYMMDD format.
DTE_END	Number	25	32	8	The date that the object is no longer in effect. In CCYYMMDD format (use 22991231 for end of time).
NPI	Character	33	42	10	The National Provider Identifier of the provider holding this license.
NAME	Character	43	92	50	This is the name associated with an organization or person.
ADR_STREET_1	Character	93	122	30	Address street 1. This is the street address for a provider where the license is valid.
ADR_STREET_2	Character	123	152	30	Address street 2. This is the street address for a provider where the license is valid.
ADR_CITY	Character	153	182	30	This is the city for a provider where the license is valid.
ADR_STATE	Character	183	184	2	This is the state for a provider where the license is valid.
ADR_ZIP_CODE	Character	185	189	5	This is the zip code for a provider where the license is valid.
ADR_ZIP_4	Character	190	193	4	This is the zip code extension for a provider where the license is valid.

Field	Data Type	Start	End	Length	Description
CDE_COUNTY	Character	194	196	3	This is the county for a provider where the license is valid. Leave blank if it doesn't apply.
NUM_SSN	Character	197	205	9	This is the SSN or FEIN for a provider where the license is valid.
CDE_STATUS	Character	206	206	1	Status code which indicates the status of the license. 'A' is for an active status, 'I' is for Inactive.

#### 2.10.10 KMAA Provider Deactivation File

Interface ID: 745

DDI File Name: prq500001\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
Provider Number	Char	1	15	15	Provider Number.
Termination Date	Char	16	23	8	Termination date in CCYYMMDD format.
Termination Status	Char	24	24	1	Status code indicating the reason for termination.

#### 2.10.11 KMAA Integration\_IRD\_030707 and KMAA Provider Interface Design

[https://ddipwb.kymmis.com/KYXIXDDI/Subsystem/Provider%20Data%20Maintenance/External%20File%20Layouts/kmaa\\_integration\\_ird\\_030707.doc](https://ddipwb.kymmis.com/KYXIXDDI/Subsystem/Provider%20Data%20Maintenance/External%20File%20Layouts/kmaa_integration_ird_030707.doc)

#### 2.10.12 MaxMC Provider Extract

This extract is produced daily and contains the updates made to the provider data since the last run. The very first extract will be a complete file. The code sets for Provider Type, Provider Specialty, and Provider Status will be supplied to Max MC prior to implementation. Contact information for Max MC is; Heidi Monroe [HJMonroe@Landacorp.com] 530-891-0853 x3035.

Interface ID: 710

File Name: prd86801\_ccyymmdd\_hhmmss.dat

Provider Data Interface File Layout (16 DEC 2005, maxMC version 8.0, Layout Version 8.0)

Provider Information and required records: provider.dat

Field	Data Type	Start	End	Length	Description
(K) Provider ID	Char	1	30	30	8-digit Medicaid ID for existing providers. New providers after that will have a 10-digit Medicaid ID.
Provider System Type	Char	31	33	3	PHY=Physician (person type) HPR=Health Professional (person type) HCF=Healthcare Facility PRG=Practice/ Medical Group SPR=Service Provider
Provider User Type	Char	34	40	6	Interchange Provider Type. Send to Heidi.
Name	Char	40	90	50	Only applicable if Provider System Type is not PHY or HPR Yes
Last Name	Char	90	115	25	Only applicable if Provider System Type is not PHY or HPR
First Name	Char	115		20	Only applicable if Provider System Type is not PHY or HPR Yes
Middle Name	Char	135		20	Only applicable if Provider System Type is not PHY or HPR Yes
Provider Degree	Char	155		25	Yes

Field	Data Type	Start	End	Length	Description
First Effective Date	Char	180		8	Notes
Provider Gender	Char	188		1	M=Male, F=Female, O=Other, U=Unknown Yes
Date of Birth	Char	189		8	Yes
Tax ID	Char	197		15	Yes
Social Security Number	Char	212		11	No
Default or Primary Phone Number	Char	223		20	Yes, with extension
Email Address	Char	263		50	Yes
Previous Provider ID	Char	313		30	Yes
(K) Primary Language ID	Char	343		6	Yes. HIPAA codes.
(K) Other Identifier Type	Char	349		6	DEA, UPIN, CARE, NPI, State License
(K) Other Identifier Effective Date	Char	355		8	Yes
Other Identifier Termination Date	Char	363		8	Yes

Field	Data Type	Start	End	Length	Description
Other dentifier ID	Char	371		30	The ID itself
Other Identifier Modifier	Char	401		6	State Code if a State  License
(K) Provider ID  Affiliated With	Char	407		30	For SELF affiliations,  copy this from Field 1  above
(K) Affiliation Type	Char	437		6	For SELF affiliations,  hard-code to SELF.  For Physician to Medical Groups affiliations, set to PHYPRG
(K) Payer	Char	443		15	No
(K) Contract Type	Char	458		6	No
(K) Line of Business	Char	464		6	No
(K) Product	Char	470		6	No
(K) Network	Char	476		6	No
(K) Affiliation Effective Date	Char	482		8	Yes

Field	Data Type	Start	End	Length	Description
Affiliation Termination Date	Char	490		8	Yes
Reason for Affiliation Termination	Char	498		6	Yes. Need to send Heidi the Codes and Descriptions.
Contracted Affiliation Y/N	Char	504		1	No
Contract ID	Char	505		20	No
Service Area or Region	Char	525		6	No
PCP Y/N	Char	531		1	No
OBGYN PCP Y/N	Char	532		1	No
Specialist Y/N	Char	533		1	No
Participation Level	Char	534		6	No
(K) Specialty Code (can send greater than 1)	Char	540		10	Yes. Need to send Heidi the Codes and Descriptions.
(K) Provider Classification (can send greater than 1)	Char	550		6	No
(K) Address ID (can send greater than 1)	Char	556		30	Copy from Field 1.

Field	Data Type	Start	End	Length	Description
Address Display ID	Char	586		30	Address Line 1
Address Effective Date	Char	616		8	Yes
Address Termination Date	Char	624		8	Yes
Addressee	Char	632		50	No
Address Line 1	Char	682		55	Yes
Address Line 2	Char	737		55	Yes
Address Line 3	Char	792		55	No
Address Line 4	Char	847		55	No
City	Char	902		30	Yes
State	Char	932		6	Yes
Postal Code	Char	938		15	Yes
Postal Code Extension	Char	953		4	Yes
County	Char	957		6	Yes. Same as legacy system
Country	Char	963		3	No
Primary Phone Number	Char	966		20	No

Field	Data Type	Start	End	Length	Description
Primary FAX Number	Char	986		20	No

We want all providers whose Effective Date (field 31 above) is greater than or equal to 1/1/2005, regardless of Termination Date.

Field Types and Meanings:

Type	Description
A	Alphanumeric. Free-Form.
C	Codified Field. Alphanumeric. Field must exist in a user-defined list of values for the field.
S	System Codified Code. Alphabetic. Must be in a maxMC system list.
D	Date. Numeric. Must be in the format of YYYYMMDD.
T	Time. Numeric. Must be in the format of HHMM.
Y/N	Yes/No Indicator. Must be a Y, N, or space. A space defaults to N.
N	Number.

### 2.10.13 NET Provider Extract File

This file contains extracted Provider Master File information to be sent to the Commonwealth on a daily basis (deltas only). Only Providers with a Provider Type 56 are included in this extract.

Differences:

- Provider Number is expanding from 8 to 10 bytes. The first two bytes will no longer contain the provider type.
- Category of Service is being deleted.
- Provider specialty is expanding from 2 to 3 bytes.
- Tax ID Type – S for SSN and F for FEIN.
- All dates in interChange are stored in CCYYMMDD format.

Interface ID: 361

DDI File Name: prd86901\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
Provider Number	Char	1	10	10	Medicaid Provider Number (Previously 8 bytes)
Last Name	Char	11	25	15	Last name.
First Name	Char	26	35	10	First name.
Middle Initial	Char	36	36	1	Middle Initial
Degree	Char	37	41	5	Degree or Title
Name Type	Char	42	42	1	Name type. (P for Person, B for Business)
Physical Address Name	Char	43	68	26	Provider Name (Physical)
Physical Address Line 1	Char	69	94	26	Address Line 1 (Physical)
Physical Address City	Char	95	110	16	Address City (Physical)
Physical Address State	Char	111	112	2	Address State (Physical)

Field	Data Type	Start	End	Length	Description
Physical Address Zip Code	Char	113	121	9	Address Zip Code (Physical)
Mailing Address Name	Char	122	147	26	Provider Name (Mailing)
Mailing Address Line 1	Char	148	173	26	Address Line 1 (Mailing)
Mailing Address City	Char	174	189	16	Address City (Mailing)
Mailing Address State	Char	190	191	2	Address State (Mailing)
Mailing Address Zip Code	Char	192	200	9	Address Zip Code (Mailing)
Phone Number	Char	201	210	10	Phone Number
District	Char	211	212	2	Payment District.
County Code	Char	213	215	3	County code.
Tax ID Type	Char	216	216	1	Tax Id Type – S for SSN and F for FEIN
Tax ID	Char	217	225	9	Tax ID
Specialty Code	Char	226	228	3	Provider Specialty code.
Filler	Char	229	246	18	Spaces. (Legacy contained category of service data)
Out of State Code	Char	247	247	1	N for in state, Y for out of state.
Effective Date	Char	248	255	8	Begin date in CCYYMMDD format.
End Date	Char	256	263	8	End date in CCYYMMDD format.
Organization code	Char	264	264	1	Provider Type of Practice.
Action code	Char	265	265	1	A for Add, C for Change.

Field	Data Type	Start	End	Length	Description
County Served	Char	266	310	45	3 byte county code occurs 15 times.
Filler	Char	311	346	36	Spaces.

#### 2.10.14 PA-62 Output File

This file contains extracted Provider Master File information to be sent to PA-62.

Changes from Legacy file layout.

- interChange requires increasing the provider specialty from 2 to 3 characters. This alters the layout of the file.
- The Provider Base Number is increased to 10 characters.
- The record length is 275 bytes.

This extract is limited to the combination of Provider types and specialties listed at the bottom of this page.

Interface ID: 364

DDI File Name: prd86601\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
P1299712-KAMES_PROV-NUMBER	Char	1	13	13	<b>KAMES provider number.</b> This value is stored on t_pr_identifier where cde_prov_id_type = 'KME'
P1299712-PROV-3 <sup>RD</sup> -DIGIT	Char	14	14	1	Leave Blank (3 <sup>rd</sup> digit is now meaningless).
P1299712-PROV-COUNTY-CODE	Char	15	17	3	County Code
<b>SPEC-CODE</b>	<b>Char</b>	18	20	<b>3</b>	<b>Provider Specialty Code</b>
P1299692-PROV-NAME	Char	21	65	45	Provider Name, Last (20), First (19), Middle Initial (1), Title (5)
P1299712-PROV-ADDR-LINE-1	Char	66	91	26	Address Line 1

Field	Data Type	Start	End	Length	Description
P1299712-PROV-ADDR-LINE-2	Char	92	117	26	Address Line 2
P1299712-PROV-CITY	Char	118	133	16	Address City
P1299712-PROV-STATE	Char	134	135	2	Address State
P1299712-PROV-ZIP-CODE	Char	136	144	9	Address Zip Code
P1299712-PROV-MAIL-ADDR-LINE-1	Char	145	170	26	Mailing Address Line 1
P1299712-PROV- MAIL-ADDR-LINE-2	Char	171	196	26	Mailing Address Line 2
P1299712-PROV- MAIL-CITY	Char	197	212	16	Mailing Address City
P1299712-PROV- MAIL-STATE	Char	213	214	2	Mailing Address State
P1299712-PROV- MAIL-ZIP-CODE	Char	215	223	9	Mailing Address Zip Code
P1299712-ELIG-ON-DATE	Char	224	231	8	Provider Effective date
P1299712-ELIG-OFF-DATE	Char	232	239	8	Provider End date
P1299712-LAST-UPDATE-DATE	Char	240	247	8	Last Update date
FILLER	Char	248	275	28	Spaces

Type	Type Description	COS	COS Description	New Spec	Specialty Description	Count	Sample Provider Number
02	Psychiatric Hospital	03	Inpatient hospital – Mental	011	Psychiatric	41	2000008
04	Psychiatric Residential Treatment Facility	08	Psychiatric Residential Treatment Facility	013	Residential Treatment Center	25	4000006
11	Nursing Home (110-SNF) (119 - ICF & ICF/MR)	25	Intermediate Care Facility – General	030	Nursing Facility	321	11901014
11	Nursing Home (110-SNF) (119 - ICF & ICF/MR)	26	Intermediate Care Facility – Mental	031	ICF/MR > 6 Beds	21	11900008
11	Nursing Home (110-SNF) (119 - ICF & ICF/MR)	33	Skilled Nursing Home – General	035	Skilled Nursing Facility	225	11001047
12	Case Mix Nursing Facility	27	Nursing Facility	030	Nursing Facility	683	12200002
17	Brain Injury	60	Brain Injury	179	Brain Injury	87	17000001
33	AIS/MR Waiver	50	AIS/MR Waiver	039	Support for Community Living (SCL)	230	33000001
41	Model Waiver	05	Model Waiver 1	411	Model Waiver 1	2	41000001
41	Model Waiver	07	Model Waiver 2	412	Model Waiver 2	73	41000019
42	Home and Community Based Waiver	52	Home and Community Based Waiver	561	Home and Community Based Waiver	204	42000000

Type	Type Description	COS	COS Description	New Spec	Specialty Description	Count	Sample Provider Number
43	Adult Day Care	53	Home and Community Adult Day Care	410	Adult Day Care	168	43000009
44	Hospice	55	Hospice	060	Hospice	44	44000008
45	EPSDT Related Services	32	EPSDT Related Services	039	Support for Community Living (SCL)	3	45333200
45	EPSDT Related Services	32	EPSDT Related Services	412	Model Waiver 2	1	45417763
45	EPSDT Related Services	32	EPSDT Related Services	550	EPSDT Services – General	38	45000098
45	EPSDT Related Services	32	EPSDT Related Services	551	General hospital	44	45000684
45	EPSDT Related Services	32	EPSDT Related Services	552	Psychiatric Hospital	32	45000056
45	EPSDT Related Services	32	EPSDT Related Services	553	Psychiatric Residential Treatment Facility	62	45000593
45	EPSDT Related Services	32	EPSDT Related Services	554	Commission for Handicapped Children	3	45220704
45	EPSDT Related Services	32	EPSDT Related Services	555	Children Targeted Case Management	2	45288198
45	EPSDT Related Services	32	EPSDT Related Services	556	Community Mental Health	12	45001807
45	EPSDT Related Services	32	EPSDT Related Services	557	Primary Care	1	45001401

Type	Type Description	COS	COS Description	New Spec	Specialty Description	Count	Sample Provider Number
45	EPSDT Related Services	32	EPSDT Related Services	558	Home Health	100	45000114
45	EPSDT Related Services	32	EPSDT Related Services	559	Rural Health Clinic	2	45353489
45	EPSDT Related Services	32	EPSDT Related Services	560	Independent Laboratory	2	45656162
45	EPSDT Related Services	32	EPSDT Related Services	563	Hearing Aid Dealer	6	45002482
45	EPSDT Related Services	32	EPSDT Related Services	564	Optician	2	45528635
45	EPSDT Related Services	32	EPSDT Related Services	565	Pharmacy	349	45000197
45	EPSDT Related Services	32	EPSDT Related Services	567	Dentist - Individual	174	45000064
45	EPSDT Related Services	32	EPSDT Related Services	568	Dental - Group	9	45000072
45	EPSDT Related Services	32	EPSDT Related Services	569	Physician Individual	110	45000189
45	EPSDT Related Services	32	EPSDT Related Services	570	Physician - Group	49	45000007
45	EPSDT Related Services	32	EPSDT Related Services	571	Audiologist	10	45001138
45	EPSDT Related Services	32	EPSDT Related Services	573	Optometrist - Individual (779 - vision care clinic)	43	45000577
45	EPSDT Related Services	32	EPSDT Related Services	574	Certified Nurse practitioner	5	45000791
45	EPSDT Related Services	32	EPSDT Related Services	575	Podiatrist	6	45000023

Type	Type Description	COS	COS Description	New Spec	Specialty Description	Count	Sample Provider Number
45	EPSDT Related Services	32	EPSDT Related Services	579	DME Supplier	224	45000015
45	EPSDT Related Services	32	EPSDT Related Services	580	CORF	6	45911146
46	Home Care Waiver	57	Home Care Waiver	080	Federally Qualified Health Clinic (FQHC)	21	46000006
46	Home Care Waiver	57	Home Care Waiver	461	EEG Services (electroencephalogram)	15	46000022
46	Home Care Waiver	57	Home Care Waiver	462	ERG Services	8	46000014
47	Personal Care Waiver	59	Pers Care Waiver	080	Federally Qualified Health Clinic (FQHC)	1	47000062
47	Personal Care Waiver	59	Pers Care Waiver	461	EEG Services (electroencephalogram)	11	47000005

**2.10.15 Passport Consolidated Provider File**

Interface ID: 524

DDI File Name: prm86201\_ccyymmdd\_hhmmss.dat

**2.10.15.1 Header Record**

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value HH to denote header record
CREATE DATE	Char	3	12	10	Date file is created
FILE SENDER	Char	13	52	40	'KENTUCKY DEPARTMENT OF MEDICAID SERVICES'
FILE DESCRIPTION	Char	53	92	40	'INTERCHANGE PROVIDER FILE'
TIME PERIOD	Char	93	98	6	Month this file is to be processed in MMCCYY format.
FILE DESTINATION	Char	99	138	40	'AMERIHEALTH MERCY\PASSPORT'
DESTINATION FILE NAME	Char	139	168	30	
FILE ORIGIN	Char	169	208	40	'KYMMIS CORPORATION, FRANKFORT, KENTUCKY'
PROD OR TEST	Char	209	209	1	Indicates a production or test file.
RECORD LENGTH	Number	210	214	5	Length of detail record (600 bytes)
CREATE PROGRAM	Char	215	222	8	

**2.10.15.2 Detail Record**

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value DD to denote detail record
PROVIDER TYPE	Char	3	4	2	Two character code designating the Provider type (not changing from Legacy)

Field	Data Type	Start	End	Length	Description
PROVIDER NUMBER	Char	5	14	10	Legacy (converted) providers will continue to have an 8 byte ID with spaces padded on the end, newly enrolled providers will have a 10 byte id.
MEDICAID BEGIN DATE	Char	15	22	8	CCYYMMDD format
MEDICAID END DATE	Char	23	30	8	CCYYMMDD format
STATUS CODE (END REASN)	Char	31	31	1	Code describing the reason for termination.
NAME TYPE	Char	32	32	1	P for Personal, B for Business. If B the name will be strung together in the Last, First, and MI fields.
LAST NAME	Char	33	58	26	Last Name
FIRST NAME	Char	59	70	12	First Name
MIDDLE INITIAL	Char	71	71	1	Middle Initial
TAX ID TYPE	Char	72	72	1	F for FEIN, S for SSN
TAX ID NUMBER	Char	73	81	9	IRS Tax ID Number
SSN	Char	82	90	9	Provider's Social Security Number
LICENSE NUMBER	Char	91	100	10	Provider's License Number.
LICENSE END DATE	Char	101	108	8	License's expiration date in CCYYMMDD format.
BOARD CERTIFIED SPECIALTY	Char	109	111	3	Do not currently have this data.
LANGUAGE 1	Char	112	114	3	HIPAA defined language code (English will be assumed and not sent)

Field	Data Type	Start	End	Length	Description
LANGUAGE 2	Char	115	117	3	HIPAA defined language code (English will be assumed and not sent)
LANGUAGE 3	Char	118	120	3	HIPAA defined language code (English will be assumed and not sent)
HOSPITAL AFFILIATION 1	Char	121	130	10	Medicaid number of hospital. (Do not currently have this data)
HOSPITAL AFFILIATION 2	Char	131	140	10	Medicaid number of hospital. (Do not currently have this data)
HOSPITAL AFFILIATION 3	Char	141	150	10	Medicaid number of hospital. (Do not currently have this data)
NPI	Char	151	160	10	National Provider Identifier
NPI EFFECTIVE DATE	Char	161	168	8	Date this NPI becomes effective.
NPI TERM DATE	Char	169	176	8	Date this NPI is terminated.
PRACTICE TYPE	Char	177	177	1	Practice Type values A thru H.
PROVIDER SPECIALTY	Char	178	180	3	Provider primary specialty code.
TITLE	Char	181	195	15	Example MD, DDS, etc...
PRIMARY ADDRESS 1	Char	196	225	30	Primary (physical) address line 1.
PRIMARY ADDRESS 2	Char	226	255	30	Primary (physical) address line 2.
PRIMARY CITY	Char	256	285	30	Primary (physical) address city.
PRIMARY STATE	Char	286	287	2	Primary (physical) address state.
PRIMARY ZIP	Char	288	292	5	Primary (physical) address zip code.
PRIMARY ZIP+4	Char	293	296	4	Primary (physical) address zip code extension.

Field	Data Type	Start	End	Length	Description
MAILING ADDRESS 1	Char	297	326	30	Mailing address line 1.
MAILING ADDRESS 2	Char	327	356	30	Mailing address line 2.
MAILING CITY	Char	357	386	30	Mailing address city.
MAILING STATE	Char	387	388	2	Mailing address state.
MAILING ZIP	Char	389	393	5	Mailing address zip code.
MAILING ZIP+4	Char	394	397	4	Mailing address zip code extension.
REMIT ADDRESS 1	Char	398	427	30	Remittance (pay-to) address line 1.
REMIT ADDRESS 2	Char	428	457	30	Remittance (pay-to) address line 2.
REMIT CITY	Char	458	487	30	Remittance (pay-to) address city.
REMIT STATE	Char	488	489	2	Remittance (pay-to) address state.
REMIT ZIP	Char	490	494	5	Remittance (pay-to) address zip code.
REMIT ZIP+4	Char	495	498	4	Remittance (pay-to) address zip code extension.
GROUP AFFILIATION	Char	499	508	10	Medicaid provider number of group this individual provider is associated with.
PHONE NUMBER	Char	509	518	10	Provider's telephone number.
DEA NUMBER	Char	519	527	9	Provider's DEA number.
UPIN	Char	528	533	6	Provider's UPIN Number.
TAXONOMY	Char	534	543	10	Provider's primary taxonomy code.
FILLER	Char	544	600	57	For future expansion.

**2.10.15.3 Trailer Record**

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value TT to denote trailer record
DETAIL RECORDS	Number	3	11	9	Total number of detail records in the file.
TOTAL RECORDS	Number	12	20	9	Total number of records (including header and trailer) in the file.

**2.10.16 PBA License Extract**

Specialty is increased from 2 to 3 bytes on the Specialty record.

Interface ID: 426

DDI File Name: prd86701\_ccyyymmdd\_hhmmss.dat

**2.10.16.1 Practitioner Base Record – Length 104**

Field	Data Type	Start	End	Length	Description
PRB-SEG	Char	1	1	1	Value 'P'
PRB-UPD	Char	2	2	1	Value 'I'
PRB-FIRST-NAME	Char	3	17	15	Provider First Name
PRB-LAST-NAME	Char	18	42	25	Provider Last Name
PRB-PRID	Char	43	57	15	License Number
PRB-REG-CD	Char	58	59	2	Value '08'
PRB-TYP-CD	Char	60	62	3	Value 'PRE'
BIRTH_DT	Char	63	70	8	Format CCYYMMDD – send all zeroes.
DEATH_DT	Char	71	78	8	Format CCYYMMDD – send all zeroes.
RETIREMENT_DT	Char	79	86	8	Format CCYYMMDD – send all zeroes.

Field	Data Type	Start	End	Length	Description
PRB-LANG-CD	Char	87	88	2	Value 'EN'
PRB-EFF-DATE	Char	89	96	8	License Start Date
PRB-TERM-DATE	Char	97	104	8	License End Date

**2.10.16.2 Practitioner Base Alias Record – Length 35 (for License Records with an NPI only. Left justified with spaces.)**

Field	Data Type	Start	End	Length	Description
PRB-SEG	Char	1	1	1	Value 'A'
PRB-UPD	Char	2	2	1	Value 'I'
PRB-PRID	Char	3	17	15	NPI.
PRB-REG-CD	Char	18	19	2	Value '01'
PRB-EFF-DATE	Char	20	27	8	License Start Date
PRB-TERM-DATE	Char	28	35	8	License End Date

**2.10.16.3 Practitioner Address Record – Length 163**

Interface ID: 427

DDI File Name: prd86702\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
ADR-UPD	Char	1	1	1	Value 'I'
ADR-PRID	Char	2	16	15	License Number
ADR-REG-CD	Char	17	18	2	Value '08'
ADR-TYPE-CD	Char	19	19	1	Value '1'
ADR-EFF-DATE	Char	20	27	8	License Start Date
ADR-LINE-1	Char	28	59	32	Address Line 1 (If spaces put one period).

Field	Data Type	Start	End	Length	Description
ADR-LINE-2	Char	60	91	32	Address Line 2
ADR-CITY	Char	92	121	30	Address City
ADR-COUNTRY-CD	Char	122	125	4	Value 'USA'
ADR-STATE	Char	126	127	2	Address State
ADR-ZIP	Char	128	137	10	Zip code, if zip_4 is spaces pad with zeroes.
ADR-BUILDING	Char	138	155	18	Value Spaces
ADR-TERM-DATE	Char	156	163	8	License End Date

#### 2.10.16.4 Practitioner Specialty Record – Length 37 (Specialty comes from the license specialty (or classification))

Interface ID: 428

DDI File Name: prd86703\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
SPC-UPD	Char	1	1	1	Value 'I'
SPC-PRID	Char	2	16	15	License Number
SPC-REG-CD	Char	17	18	2	Value '08'
SPC-SPEC-CD	Char	19	21	3	Specialty Code
SPC-EFF-DATE	Char	22	29	8	License Start Date
SPC-TERM-DATE	Char	30	37	8	License End Date

#### 2.10.17 PBA Provider Extract

This extract is produced daily and contains the updates made to the provider data since the last data transfer to the PBA. NPI and Prov Type are new fields on this extract.

Legacy providers will retain their 8 byte provider number. Newly enrolled providers will be assigned a 10 byte provider number.

Interface ID: 420

DDI File Name: prd86501\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
NABP	Char	1	7	7	Provider's NABP number. Send all underscores "_____"
UPD	Char	8	8	1	Update Indicator always 'U'.
ID_PROVIDER	Char	9	18	10	Provider Number, left justified.
NPI	Char	19	28	10	National Provider Identifier.
PROV_TYPE	Char	29	30	2	Provider Type.
NAME	Char	31	75	45	Provider Name, left justified.
FEIN	Char	76	84	9	Provider Tax Id.
ST_LIC	Char	85	97	13	License number.
DEA	Char	98	106	9	DEA Number.
ADR_TYPE_P	Char	107	108	2	Always '1'.
LINE_P	Char	109	128	20	Physical Address Line 1
STREET_P	Char	129	153	25	Physical Address Line 2
TOWN_P	Char	154	173	20	Physical Address City
STATE_P	Char	174	175	2	Physical Address State
ZIP_P	Char	176	184	9	Physical Address Zip Code
PHONE_P	Char	185	194	10	Physical Location Phone number.
FAX	Char	195	204	10	Physical fax number.
ADR_TYPE_M	Char	205	206	2	Always '3'.
LINE_M	Char	207	226	20	Mailing Address Line 1

Field	Data Type	Start	End	Length	Description
STREET_M	Char	227	251	25	Mailing Address Line 2
TOWN_M	Char	252	271	20	Mailing Address City
STATE_M	Char	272	273	2	Mailing Address State
ZIP-M	Char	274	282	9	Mailing Address Zip Code
PHONE_M	Char	283	292	10	Mailing address Phone number.
STATUS SEGMENTS		293	377	85	OCCURS 5 TIMES (next 3 rows)
STATUS_CDE	Char			1	Enrollment Status code.
DTE_EFFECTIVE	Number			8	Effective Date
DTE_END	Number			8	End Date
PROV_PMT	Char	378	378	1	Payment Method. 'E' if EFT otherwise 'M'.
IN_ACCT_IND	Char	379	379	1	Inter Account Indicator. This is used for providers that are paid by a state transfer of funds. Leave blank unless the active EFT row indicates State Transfer (IND_ACCT_TYPE = 'T'). If the EFT row indicates State Transfer then use the values of 'P' for Partnership/Passport (Provider Type = 96 or 97), 'I' for Impact Plus providers (provider type = 29), and 'Y' for Commonwealth Agencies (other Provider Types).
ESCR_IND	Char	380	380	1	'Y' is an open A/R with a balance, otherwise 'N'.
ESCR_RNUM	Char	381	381	1	A/R Numeric Reason code.
ESCR_RALPHA	Char	382	382	1	A/R alpha Reason Code.
EFT SEGMENTS		383	487	105	OCCURS 3 TIMES (next 4 rows)

Field	Data Type	Start	End	Length	Description
ACH_ABA	Char			9	ABA Number
ACH_ACCT	Char			17	Acct Number
END DATE	Char			8	End Date of the EFT segment.
CHK_SAV	Char			1	Check or Savings indicator.

**2.10.18 PCG File**

Interface ID: 556

DDI File Name: prd84701\_ccyymmdd\_hhmmss.dat

Field	Data Type	Start	End	Length	Description
P1299612-PROV-BASE-NUMBER	Char	1	10	10	Medicaid Provider Number
NPI	Char	11	20	10	Provider's National Provider Identifier.
PROVIDER-TYPE	Char	21	22	2	Provider
P1299692-PROV-NAME	Char	23	67	45	Provider Name, Last (20), First (19), Middle Initial (1), Title (5)
IND_NAME_TYPE	Char	68	68	1	Name type indicator, B = Business (unformatted), P = Person
Filler	Char	69	86	18	Spaces
P1299612-PROV-ADDR-LINE-1	Char	87	112	26	Address Line 1
P1299612-PROV-ADDR-LINE-2	Char	113	138	26	Address Line 2
P1299612-PROV-CITY	Char	139	154	16	Address City
P1299612-PROV-STATE	Char	155	156	2	Address State

Field	Data Type	Start	End	Length	Description
P1299612-PROV-ZIP-CODE	Char	157	165	9	Address Zip Code
Filler	Char	166	280	115	Spaces
P1299612-PROV-COUNTY-CODE	Char	281	283	3	County Code
Filler	Char	284	304	21	Spaces
P1299612-NUM-MCAID-MCARE-BEDS	Number	305	310	6	Total number of Medicare certified beds
P1299612-PROV-TELE-NUM	Char	311	320	10	Telephone number
P1299612-PROV-TELE-NUM-2	Char	321	330	10	Secondary Telephone number
Filler	Char	331	438	108	Spaces
P1299692-PROV-SPECIALTY-DATA	Char	439	588	150	Occurs 5 times
Filler	Char	N/A	N/A	5	Spaces (decreased by 1 to allow for 3 char spec code)
P1299613-PROV-SPEC-CODE	Char	N/A	N/A	3	Specialty code (increased to 3 characters)
P1299613-PROV-SPEC-CERT-DATE	Char	N/A	N/A	8	Specialty begin date
P1299613-PROV-SPEC-END-DATE	Char	N/A	N/A	8	Specialty end date
Filler	Char	N/A	N/A	6	Spaces
P1299612-PROV-TIN	Char	589	597	9	Tax ID
P1299612-PROV-TIN-TYPE	Char	598	598	1	Tax Id Type (SSN / FEIN)
TAXONOMY-SEGMENT-DATA	Char	599	728	130	Occurs 5 times

Field	Data Type	Start	End	Length	Description
TAXONOMY-CODE	Char	N/A	N/A	10	Taxonomy Code
TAXONOMY-BEG-DTE	Char	N/A	N/A	8	Taxonomy begin date (CCYYMMDD)
TAXONOMY-END-DTE	Char	N/A	N/A	8	Taxonomy end date (CCYYMMDD)
FILLER	Char	729	4114	3386	Spaces (formerly 3516 – 130 for taxonomy)

### 2.10.19 Provider License File For Passport

Interface ID: 525

DDI File Name: prm86101\_ccyymmdd\_hhmmss.dat

#### 2.10.19.1 Header Record

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value HH to denote header record
CREATE DATE	Char	3	12	10	Date file is created
FILE SENDER	Char	13	52	40	N/A
FILE DESCRIPTION	Char	53	92	40	N/A
TIME PERIOD	Char	93	98	6	Month this file is to be processed in MMCCYY format.
FILE DESTINATION	Char	99	138	40	N/A
DESTINATION FILE NAME	Char	139	168	30	N/A
FILE ORIGIN	Char	169	208	40	N/A
PROD OR TEST	Char	209	209	1	Indicates a production or test file.
RECORD LENGTH	Number	210	214	5	N/A

CREATE PROGRAM	Char	215	222	8	N/A
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**2.10.19.2 Detail Record**

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value DD to denote detail record
LICENSE NUMBER	Char	3	12	10	Provider's license number.
SEGMENT COUNT	Number	13	16	4	Number of provider segments in this record
SEGMENT DATA		17	1356	1340	OCCURS 10 TIMES for each provider using this license.
LAST NAME	Char			20	Last name of the provider.
FIRST NAME	Char			5	First name of the provider
MID INITIAL	Char			1	Middle initial of the provider.
ADDRESS 1	Char			20	Service location address 1
ADDRESS 2	Char			20	Service location address 2
CITY	Char			16	Service location City
STATE	Char			2	Service Location State
ZIP-5	Char			5	Service Location Zip (first 5)
ZIP-4	Char			4	Service Location Zip (last 4)
SPEC CODE	Char			3	Provider specialty
TYPE CODE	Char			2	Provider Type
NPI	Char			10	NPI assigned to this provider.
PROV NUMBER	Char			10	Provider Medicaid ID
UPIN	Char			6	Provider's UPIN

Field	Data Type	Start	End	Length	Description
LAST TRANS DATE	Char			8	Date this segment was last changed in MMDDCCYY format.
FIELD NUM	Number			2	
HISTORY SEGMENTS		1357	1560	204	OCCURS 6 TIMES (For each segment data) Contains the history data for the provider license relationship.
START DATE	Char			8	Date the license assigned to this provider.
END DATE	Char			8	Date the license no longer assigned to this provider.
ADD DATE	Char			8	Date the segment was added.
CHANGE DATE	Char			8	Date the segment was last changed.
CHANGE SOURCE	Char			2	Source of the change.
LICENSE SEGMENT		1561	1632	72	OCCURS 2 TIMES (For each segment data) Contains license specific data
LICENSE NUMBER	Char			10	Provider License Number
LICENSE DATE	Char			8	Date the license is effective
EXPIRATION DATE	Char			8	Date the license expires
LAST CHANGE DATE	Char			8	Date the license was last changed.
CHANGE SOURCE	Char			2	Source of the change.

**2.10.19.3 Trailer Record**

Field	Data Type	Start	End	Length	Description
RECORD ID	Char	1	2	2	Value TT to denote trailer record
DETAIL RECORDS	Number	3	11	9	Total number of detail records in the file.
TOTAL RECORDS	Number	12	20	9	Total number of records (including header and trailer) in the file.

**2.10.20 Provider MEUPS File**

Field	Data Type	Start	End	Length	Description
Trading Partner Id	Char	1	10	10	Provider Medicaid Number.
NPI	Char	11	20	10	Provider's NPI if available.
Medicaid id	Char	21	30	10	Provider Medicaid Number.
Name	Char	31	80	50	Provider Name
Street 1	Char	81	110	30	Service Location street address 1
Street 2	Char	111	140	30	Service Location street address 2
City	Char	141	170	30	Service Location City
State	Char	171	172	2	Service Location State
Zip	Char	173	181	9	Service Location Zip code
Country	Char	182	183	2	Service Location country code
Phone	Char	184	193	10	Phone number

**2.10.21 Provider Stub File**

Field	Data Type	Start	End	Length	Description
Provider Number	Char	1	11	10	Provider Number.
Provider Type	Char	12	14	2	Provider Type
Provider Number Indicator	Char	15	18	3	Indicator for whether Provider Number is NPI or Kentucky Medicaid.

**2.10.22 Taxonomy Stub File**

Field	Data Type	Start	End	Length	Description
Taxonomy Code	Char	1	10	10	Taxonomy Code.

## 2.11 Requirement Matrix and Cross Reference

This section provides a crosswalk of each functional requirement included in the KY MMIS Requirements Checklist shown in the RFP Appendix to MMIS design components. This is accomplished by listing each requirement with its current status, associated change orders and mapped system objects.

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	20.030	Informational		
Provider Data Maintenance	20.040	Informational		
Provider Data Maintenance	2910	Operations		
Provider Data Maintenance	2911	Change Order Identified		2886 - KYAmend-KAPER Graduate Type 2888 - KYAmend-KAPER Non-US or Can Sch 2938 - KYAmend-KAPER Office Manager 2942 - KYAmend-KAPER Open Practice Stat 2956 - KYAmend-KAPER Military Duty 2967 - KYAmend-KAPER Section 7 2970 - KYAmend-Provider Enroll Process 2891 - KYAmend-KAPER Section 2 2941 - KYAmend-KAPER Office Hours 2947 - KYAmend-KAPER Partners Assoc 2896 - KYAmend-KAPER Primary Cred Cont 2939 - KYAmend-KAPER Billing Contact 2948 - KYAmend-KAPER Covering Coll 2853 - KYAmend-KAPER Provider Type 2855 - KYAmend-KAPER General Info 2887 - KYAmend-KAPER US or Can School 2893 - KYAmend-KAPER

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				Second Specialty 2957 - KYAmend-KAPER Work History 2958 - KYAmend-KAPER Work Gaps 2856 - KYAmend-KAPER Home and Contact 2859 - KYAmend-KAPER Section 1 2945 - KYAmend-KAPER Accessibilities 2949 - KYAmend-KAPER Admitting 2951 - KYAmend-KAPER Hosp Priv Primary 2966 - KYAmend-KAPER Section 8 2885 - KYAmend-KAPER Undergrad School 2897 - KYAmend-KAPER Section 3 2940 - KYAmend-KAPER Payment and Remit 2944 - KYAmend-KAPER Languages 2950 - KYAmend-KAPER Section 4 2953 - KYAmend-KAPER Insurance Carriers 2955 - KYAmend-KAPER Section 6 2968 - KYAmend-KAPER Data Model 2852 - KYAmend-KAPER Menu 2857 - KYAmend-KAPER Professional Ids 2858 - KYAmend-KAPER Other ID Numbers 2889 - KYAmend-KAPER Training 2890 - KYAmend-KAPER Internship 2892 - KYAmend-KAPER Primary Specialty 2894 - KYAmend-KAPER Certifications 2943 - KYAmend-KAPER

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				Mid Level Pract 2946 - KYAmend-KAPER Services 2952 - KYAmend-KAPER Hosp Priv Other 2965 - KYAmend-KAPER Quest and Comm 3165 - KYAmend-Code Tables 2854 - KYAmend-KAPER Provider Name 2895 - KYAmend-KAPER Practice Interest 2937 - KYAmend-KAPER Primary Pract Loc 2954 - KYAmend-KAPER Section 5
Provider Data Maintenance	2912	Change Order Identified		2850 - KY Amend Provider Directory
Provider Data Maintenance	2913	Change Order Identified	PRV-9008-R PRV-9100-R PRV-9103-R PRV-9104-R PRV-9109-R PRV-9113-R PRV-9114-R PRV-9127-R PRV-9128-R PRV-9140-R PRV-9141-R PRV-9150-R PRV-9151-R PRV-9212-R	2900 - KYAmend-PR - DMS A (Welcome) 3445 - KYAmend - Emerg App approval 3447 - KYAmend - Direct Dep Enroll 2918 - KYAmend-PR - ADO Letter 2328 - KYAmend-PR - DMS F (Change Ltr) 2901 - KYAmend-PR - DMS C (CHOW) 2911 - KYAmend-PR - DMS I (ADO not rec) 2914 - KYAmend-PR - LTR PA (Asst Enrll) 3444 - KYAmend - Asst Extended 2912 - KYAmend-PR - LTR 012 (Bed) 2913 - KYAmend-PR - LTR QMB 2902 - KYAmend-PR - DMS D (Prov # Ext) 2906 - KYAmend-PR - DMS M (No Billing) 2907 - KYAmend-PR -

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				DMS N (License Req) 3446 - KYAmend - Direct Deposit
Provider Data Maintenance	2914	Change Order Identified		
Provider Data Maintenance	2915	Operations		
Provider Data Maintenance	2916	Operations		
Provider Data Maintenance	30.030.003	No mapping required		
Provider Data Maintenance	30.030.003.001	No mapping required		
Provider Data Maintenance	30.030.003.001.1	No mapping required		
Provider Data Maintenance	30.030.003.001.10	No mapping required		
Provider Data Maintenance	30.030.003.001.11	No mapping required		
Provider Data Maintenance	30.030.003.001.12	No mapping required		
Provider Data Maintenance	30.030.003.001.13	No mapping required		
Provider Data Maintenance	30.030.003.001.14	No mapping required		
Provider Data Maintenance	30.030.003.001.15	No mapping required		
Provider Data Maintenance	30.030.003.001.16	No mapping required		
Provider Data Maintenance	30.030.003.001.17	No mapping required		
Provider Data Maintenance	30.030.003.001.18	No mapping required		
Provider Data Maintenance	30.030.003.001.19	No mapping required		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.030.003.001.2	No mapping required		
Provider Data Maintenance	30.030.003.001.20	No mapping required		
Provider Data Maintenance	30.030.003.001.21	No mapping required		
Provider Data Maintenance	30.030.003.001.22	No mapping required		
Provider Data Maintenance	30.030.003.001.23	No mapping required		
Provider Data Maintenance	30.030.003.001.3	No mapping required		
Provider Data Maintenance	30.030.003.001.4	No mapping required		
Provider Data Maintenance	30.030.003.001.5	No mapping required		6633 - PE Txn updates
Provider Data Maintenance	30.030.003.001.6	No mapping required		
Provider Data Maintenance	30.030.003.001.7	No mapping required		
Provider Data Maintenance	30.030.003.001.8	No mapping required		
Provider Data Maintenance	30.030.003.001.9	No mapping required		
Provider Data Maintenance	30.030.003.002	No mapping required		
Provider Data Maintenance	30.030.003.002.1	No mapping required		
Provider Data Maintenance	30.030.003.002.10	No mapping required		
Provider Data Maintenance	30.030.003.002.11	No mapping required		
Provider Data Maintenance	30.030.003.002.12	No mapping required		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.030.003.002.13	No mapping required		
Provider Data Maintenance	30.030.003.002.14	No mapping required		
Provider Data Maintenance	30.030.003.002.15	No mapping required		
Provider Data Maintenance	30.030.003.002.16	No mapping required		
Provider Data Maintenance	30.030.003.002.17	No mapping required		
Provider Data Maintenance	30.030.003.002.18	No mapping required		
Provider Data Maintenance	30.030.003.002.19	No mapping required		
Provider Data Maintenance	30.030.003.002.2	No mapping required		
Provider Data Maintenance	30.030.003.002.20	No mapping required		
Provider Data Maintenance	30.030.003.002.21	No mapping required		
Provider Data Maintenance	30.030.003.002.22	No mapping required		
Provider Data Maintenance	30.030.003.002.23	No mapping required		
Provider Data Maintenance	30.030.003.002.24	No mapping required		
Provider Data Maintenance	30.030.003.002.3	No mapping required		
Provider Data Maintenance	30.030.003.002.4	No mapping required		
Provider Data Maintenance	30.030.003.002.5	No mapping required		
Provider Data Maintenance	30.030.003.002.6	No mapping required		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.030.003.002.7	No mapping required		
Provider Data Maintenance	30.030.003.002.8	No mapping required		
Provider Data Maintenance	30.030.003.002.9	No mapping required		
Provider Data Maintenance	30.050.001Q	Informational		
Provider Data Maintenance	30.050.003	Informational		
Provider Data Maintenance	30.050.003.001	Informational		
Provider Data Maintenance	30.050.003.001.1	Commonwealth		
Provider Data Maintenance	30.050.003.001.10	Commonwealth		
Provider Data Maintenance	30.050.003.001.11	Commonwealth		
Provider Data Maintenance	30.050.003.001.12	Commonwealth		
Provider Data Maintenance	30.050.003.001.13	Commonwealth		
Provider Data Maintenance	30.050.003.001.14	Commonwealth		
Provider Data Maintenance	30.050.003.001.15	Commonwealth		
Provider Data Maintenance	30.050.003.001.16	Commonwealth	Prov.CLIA.asc x prvp012w	
Provider Data Maintenance	30.050.003.001.17	Commonwealth		
Provider Data Maintenance	30.050.003.001.18	Commonwealth		
Provider Data Maintenance	30.050.003.001.19	Commonwealth		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.050.003.001.2	Commonwealth		
Provider Data Maintenance	30.050.003.001.20	Commonwealth		
Provider Data Maintenance	30.050.003.001.21	Commonwealth		
Provider Data Maintenance	30.050.003.001.22	Commonwealth		2332 - KYAmend-PR - Letter Panel 2328 - KYAmend-PR - DMS F (Change Ltr)
Provider Data Maintenance	30.050.003.001.23	Commonwealth	Prov.License.ascx Prov.ProviderTypeandSpecialty.ascx prvp400m PRV-0002-M	1557 - Provider License xref panel 1558 - Provider Type License Remove 1081 - License Panel
Provider Data Maintenance	30.050.003.001.3	Commonwealth		
Provider Data Maintenance	30.050.003.001.4	Commonwealth		
Provider Data Maintenance	30.050.003.001.5	Commonwealth		
Provider Data Maintenance	30.050.003.001.6	Commonwealth		
Provider Data Maintenance	30.050.003.001.7	Commonwealth		
Provider Data Maintenance	30.050.003.001.8	Commonwealth		
Provider Data Maintenance	30.050.003.001.9	Commonwealth		
Provider Data Maintenance	30.050.003.002	Informational		
Provider Data Maintenance	30.050.003.002.1	RV Sign-Off Task	Prov.ProviderInformationProv iderMaintenanceServiceLocati	644 - Task - Operate and Maintain Prov

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			on.ascx	
Provider Data Maintenance	30.050.003.002.10	RV Sign-Off Task		645 - Task - Manuals
Provider Data Maintenance	30.050.003.002.12	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.14	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.15	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.16	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.17	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.18	RV Sign-Off Task		647 - Task - Report Distribution
Provider Data Maintenance	30.050.003.002.19	RV Sign-Off CO	PRV-0300-D PRV-0310-W PRV-0520-W PRV-0550-M PRV-0551-M	14 - Enrollment Summary Report 185 - Termination Rpt
Provider Data Maintenance	30.050.003.002.2	Change Order Identified	prvpkmaa1	3269 - Rel2 PR Enrl Txn - Err Checking 3270 - REL2 PR Enrl Txn - Update
Provider Data Maintenance	30.050.003.002.20	RV Sign Off	Prov.ProviderGroup.ascx Prov.ProviderGroupMember.ascx	
Provider Data Maintenance	30.050.003.002.21	RV Sign-Off Task		
Provider Data Maintenance	30.050.003.002.22	RV Sign Off	Prov.CLIA.ascx Prov.ProviderCLIAMaintenance.ascx	
Provider Data	30.050.003.002.23	RV Sign-Off		648 - Task - Notify

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Maintenance		Task		Commonwealth
Provider Data Maintenance	30.050.003.002.3	RV Sign Off	prvpkmaa1	
Provider Data Maintenance	30.050.003.002.4	Change Order Identified	prvpkmaa1	
Provider Data Maintenance	30.050.003.002.5	RV Sign-Off Task	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderSearchPage.ascx	644 - Task - Operate and Maintain Prov
Provider Data Maintenance	30.050.003.002.6	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.7	RV Sign-Off Task		646 - Task - Provider Education
Provider Data Maintenance	30.050.003.002.8	RV Sign-Off Task		649 - Task - Provider Communications
Provider Data Maintenance	30.050.003.002.9	RV Sign-Off Task		645 - Task - Manuals
Provider Data Maintenance	30.090.002.002.4	Change Order Identified	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderProgramEligibility.ascx Prov.ProviderTaxonomyPanel.ascx Prov.ProviderTypeandSpecialty.ascx Prov.SpecialtyCode.ascx Prov.TypeCode.ascx Prov.TypeSpecialtyCode.ascx	187 - Crosswalk Types and Specialties

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.090.003	Informational	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx	1969 - Increase code_coverage
Provider Data Maintenance	30.090.003.001	Informational		
Provider Data Maintenance	30.090.003.001.1	Change Order Identified	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderCLIAMaintenance.ascx	6634 - NPI - Taxonomy input 5464 - Prescriber input file 6235 - Rel2 - PR EFT Txn
Provider Data Maintenance	30.090.003.001.2	RV Sign Off	mgd_mconetwork	145 - MCO Network Interface
Provider Data Maintenance	30.090.003.001.3	RV Sign Off		
Provider Data Maintenance	30.090.003.001.4	RV Sign Off		
Provider Data Maintenance	30.090.003.002	Informational		
Provider Data Maintenance	30.090.003.002.1	RV Sign-Off Task	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderGroup.ascx	644 - Task - Operate and Maintain Prov 145 - MCO Network Interface
Provider Data Maintenance	30.090.003.002.10	RV Sign Off	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.PreviousProviderNumber.ascx	
Provider Data Maintenance	30.090.003.002.11	RV Sign Off		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.090.003.002.12	RV Sign Off	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderBaseInformation.ascx Prov.ProviderProgramEligibility.ascx Prov.ProviderTaxonomyPanel.ascx Prov.ProviderTypeandSpecialty.ascx	260 - Fiscal Year End 2037 - Change Provider Id to Number 259 - Provider DOB and SSN 3621 - REL2 Provider Organization Code 2134 - Prov - Inter-account indicator
Provider Data Maintenance	30.090.003.002.13	RV Sign-Off CO	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderContractRatePanel.ascx Prov.ProviderCustomaryCharge Prov.ProviderEFTAccount.ascx Prov.ProviderGroup.ascx Prov.ProviderGroupMember.ascx Prov.ProviderInpatientLevelofCareRate.ascx Prov.ProviderNHLLevelofCareRate.ascx Prov.ProviderProgramEligibility.ascx Prov.ProviderRatePanel.ascx	142 - Prov Restricted Svcs 2272 - Restrict table Changes

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			Prov.ProviderRestrictedService.ascx Prov.ProviderTaxonomyPanel.ascx Prov.ProviderTypeandSpecialty.ascx	
Provider Data Maintenance	30.090.003.002.14	RV Sign-Off CO	Prov.ProviderRestrictedService.ascx	143 - Prov On Review
Provider Data Maintenance	30.090.003.002.15	RV Sign Off	Prov.ProviderGroup.ascx Prov.ProviderGroupMember.ascx	3357 - REL2 - Assistant panel name chg 1585 - Prov Phys Asst Panel
Provider Data Maintenance	30.090.003.002.17	RV Sign Off	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderEFTAccount.ascx Prov.ProviderServiceLocation.ascx w_edi_tp_maint	
Provider Data Maintenance	30.090.003.002.18	Change Order Identified	T_PR_CONTRACT_RATE T_PR_RATE Prov.ProviderContractRatePanel.ascx Prov.ProviderCustomaryCharge Prov.ProviderDrugRatePanel.ascx Prov.ProviderInpatientLevelofCareRate.ascx	2607 - DM - Provider Rates Table 2693 - KY UI Provider Contract Panel 1921 - Core 9703 T_REF_UCC 2 2688 - KY DM Percent of Charges Table 3100 - KY DRG ProviderPanel Updates 1693 - Core 10365 WI 1454 - DRG 20 1920 - Core 9702 T_REF_UCC 1 2712 - UI - Provider Rates

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			Prov.ProviderNHLevelofCareRate.ascx Prov.ProviderRatePanel.ascx PRV-0540-Q PRV-0541-M	Panel
Provider Data Maintenance	30.090.003.002.2	RV Sign-Off CO	Prov.ProviderFinancialSummarySearch.ascx Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Fin.AccountRecSearchPanel.ascx - Results Prov.ProviderContractRatePanel.ascx Prov.ProviderCustomaryCharge Prov.ProviderFinancialPaymentSummary.ascx Prov.ProviderInpatientLevelofCareRate.ascx Prov.ProviderNHLevelofCareRate.ascx Prov.ProviderProgramEligibility.ascx Prov.ProviderRatePanel.ascx Prov.SearchResults.ascx TPL.ARDispositionSearch	
Provider Data Maintenance	30.090.003.002.20	RV Sign Off	Prov.ProviderInformationProviderMaintenance	145 - MCO Network Interface

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			eServiceLocation.ascx Prov.ProviderProgramEligibility.ascx Prov.ProviderSearch.ascx	
Provider Data Maintenance	30.090.003.002.21	RV Sign Off	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderCLIMaintenance.ascx Prov.ProviderLocationNameAddress.ascx Prov.ProviderMaintenanceProvider.ascx Prov.ProviderMaintenanceServiceLocation.ascx Prov.ProviderServiceLocation.ascx	
Provider Data Maintenance	30.090.003.002.22	RV Sign Off	Prov.IRSW9TaxID.ascx Prov.ProviderLocationNameAddress.ascx	1818 - LG URL
Provider Data Maintenance	30.090.003.002.23	RV Sign-Off CO	Prov.ProviderNHLevelofCareRate.ascx	151 - LTC Beds 152 - New Bed Panel
Provider Data Maintenance	30.090.003.002.24	RV Sign-Off CO	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ApplicationBaseInformation.ascx Prov.ProviderP	21 - Provider Status Codes

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			rogramEligibilit y.ascx	
Provider Data Maintenance	30.090.003.002.26	Change Order Identified	Prov.MassRate Adjustment.asc x	
Provider Data Maintenance	30.090.003.002.27	Change Order Identified	clmp210d prvp770r	
Provider Data Maintenance	30.090.003.002.29	RV Sign Off	Prov.ProviderI nformationProv iderMaintenanc eServiceLocati on.ascx Prov.ProviderP rogramEligibilit y.ascx Prov.ProviderT ypeandSpecialt y.ascx	
Provider Data Maintenance	30.090.003.002.3	RV Sign-Off CO	Prov.ProviderS earchPage.asc x	22 - Provider Search 2035 - Electronic Billing Ind
Provider Data Maintenance	30.090.003.002.34	RV Sign-Off CO	Prov.ProviderI nformation.asc x Prov.ProviderL ocationNameA ddress.ascx	149 - International Address 430 - Country Code Maintenance
Provider Data Maintenance	30.090.003.002.35	RV Sign-Off CO	Prov.ProviderI nformationProv iderMaintenanc eServiceLocati on.ascx Prov.ProviderL ockin.ascx RecipientLocki nDetailsCombi ned	1366 - Provider Lockin panel
Provider Data Maintenance	30.090.003.002.4	RV Sign-Off Duplicate	prvpkmaa1	
Provider Data Maintenance	30.090.003.002.5	RV Sign-Off CO	PRV-0500-Q	126 - Deactivate providers 3010 - KY Add OOS Code Table

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				3068 - UI - Use OOS code table 2344 - PR De-activation process 2093 - Provider Inactive Indicator 4147 - Remove Lvl of Care panels
Provider Data Maintenance	30.090.003.002.6	Change Order Identified	prvpkmaa1	
Provider Data Maintenance	30.090.003.002.7	Change Order Identified	Prov.ProviderEnrollmentApplicationInformation.ascx prvpkmaa1	10 - Enrollment Dup edit
Provider Data Maintenance	30.090.003.002.8	RV Sign-Off CO	PRV-0018-R	15 - Suspected Dup Report
Provider Data Maintenance	30.090.003.002.9	Change Order Identified	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderInformation.ascx Prov.ProviderMedicareNumber.ascx	23 - NPI
Provider Data Maintenance	30.090.003.003	Informational		2397 - AEVS Provider Verification - XML
Provider Data Maintenance	30.090.003.003.1	Informational	PRV-0002-M PRV-0010-R PRV-0010-R 2 PRV-0011-R PRV-0015-M PRV-0016-M PRV-0017-M PRV-0100-W PRV-0300-D PRV-0415-M PRV-0500-Q PRV-0510-M PRV-0530-W	2700 - Provider Report Routing

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			PRV-0540-Q PRV-0541-M PRV-0550-M PRV-0551-M	
Provider Data Maintenance	30.090.003.003.10	RV Sign Off	Prov.ProviderGroup.ascx Prov.ProviderGroupMember.ascx	
Provider Data Maintenance	30.090.003.003.11	RV Sign-Off CO	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderInformation.ascx	259 - Provider DOB and SSN
Provider Data Maintenance	30.090.003.003.12	RV Sign Off	Prov.ProviderGroup.ascx Prov.ProviderGroupMember.ascx	
Provider Data Maintenance	30.090.003.003.13	Change Order Identified	Prov.ProviderContractRatePanel.ascx Prov.ProviderCustomaryCharge Prov.ProviderDispensingFee.ascx Prov.ProviderDisproportionateShareRate.ascx Prov.ProviderDrgRatePanel.ascx Prov.ProviderInpatientLevelofCareRate.ascx Prov.ProviderNHLevelofCareRate.ascx Prov.ProviderR	3007 - Provider Rate Update

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			atePanel.ascx PRV-0540-Q PRV-0541-M	
Provider Data Maintenance	30.090.003.003.15	RV Sign Off	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderMedicareNumber.ascx	
Provider Data Maintenance	30.090.003.003.19	Change Order Identified	Prov.ProviderContractRatePanel.ascx Prov.ProviderInpatientLevelofCareRate.ascx Prov.ProviderNHLLevelofCareRate.ascx Prov.ProviderRatePanel.ascx PRV-0540-Q PRV-0541-M	
Provider Data Maintenance	30.090.003.003.2	Informational		
Provider Data Maintenance	30.090.003.003.3	RV Sign-Off CO	PRV-0002-M PRV-0010-R PRV-0010-R 2 PRV-0011-R PRV-0015-M PRV-0016-M PRV-0017-M PRV-0018-R PRV-0019-M PRV-0020-M PRV-0022-M PRV-0100-W PRV-0300-D PRV-0310-W PRV-0500-Q PRV-0501-Q PRV-0502-D PRV-0510-M PRV-0520-W	413 - New-CLIA Summ by Prov Type Rpt 420 - New-XREF By City Rpt 421 - New-Re-Instated Provider Rpt 419 - New-Prov Presumptive Elig Rpt 418 - New-CLIA Summ by Cert Rpt

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			PRV-0530-W PRV-0540-Q PRV-0541-M PRV-0550-M PRV-0551-M PRV-2301-W PRV-2302-W PRV-2501-M PRV-2701-M PRV-2911-M PRV-3605-M PRV-4402-W PRV-4801-W PRV-4802-W PRV-5401-D PRV-5505-D PRV-5511-D PRV-8601-R PRV-9001-M	
Provider Data Maintenance	30.090.003.003.4	RV Sign-Off CO	PRV-0500-Q	2730 - Inactive Provider FH Interface 186 - Providers to be deactivated rpt
Provider Data Maintenance	30.090.003.003.5	RV Sign-Off CO	PRV-0530-W PRV-0550-M PRV-0551-M	131 - Specialty Trend Report 16 - Type Trend Report
Provider Data Maintenance	30.090.003.003.6	RV Sign-Off CO	PRV-0015-M PRV-0016-M PRV-0017-M	2140 - Prov Batch NPI Chgs 17 - Cross-Ref Reports
Provider Data Maintenance	30.090.003.003.7	RV Sign-Off CO	Prov.ProviderNHLevelofCareRate.ascx	18 - encounter
Provider Data Maintenance	30.090.003.003.8	Informational		
Provider Data Maintenance	30.090.003.003.9	RV Sign Off	Prov.ProviderInformationProviderMaintenanceServiceLocation.ascx Prov.ProviderProgramEligibility.ascx	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.090.003.004	Informational		3008 - Interface FTPDIR
Provider Data Maintenance	30.090.003.004.1	RV Sign Off	prvpkmaa1	
Provider Data Maintenance	30.090.003.004.2	Change Order Identified	prvpkmaa1	
Provider Data Maintenance	30.090.003.004.3	SCB		
Provider Data Maintenance	30.090.003.004.5	Change Order Identified	prvpkmaa1	2603 - BizTalk wrapper
Provider Data Maintenance	30.100.003.008	No mapping required		2971 - PE Txn Datamodel changes
Provider Data Maintenance	30.100.003.010	No mapping required		
Provider Data Maintenance	30.100.003.014	No mapping required		
Provider Data Maintenance	30.100.003.015	No mapping required		
Provider Data Maintenance	30.110.003	Informational		
Provider Data Maintenance	30.110.003.001	RV Sign-Off Task		649 - Task - Provider Communications
Provider Data Maintenance	30.110.003.002	RV Sign-Off Task		649 - Task - Provider Communications
Provider Data Maintenance	30.110.003.003	RV Sign-Off Task		649 - Task - Provider Communications
Provider Data Maintenance	30.110.003.004	RV Sign-Off Task		649 - Task - Provider Communications
Provider Data Maintenance	30.110.003.007	Informational		
Provider Data Maintenance	30.110.003.008	RV Sign Off	prvp012w	
Provider Data Maintenance	30.110.003.009	RV Sign Off	Prov.ProviderInformation.aspx	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Provider Data Maintenance	30.110.003.010	RV Sign-Off CO	mgd_mconetw ork	3 - MCO Prov Exception Rpt
Provider Data Maintenance	30.110.003.011	RV Sign-Off CO	mgd_mconetw ork	4 - Daily Upd Acc/Rej Rpt
Provider Data Maintenance	30.110.003.012	Change Order Identified	prvpkames	3244 - REL2 PBA License Extracts 3317 - Rel2 - PCG Provider Extract 2973 - PA-62 Interface 9 - KAMES Provider Update 3311 - KAMES Layout correction 2972 - KAMES interface change 3098 - MEUPS and TP 1807 - CLIA Partnership file 1808 - License Extract for Passport 3319 - Rel2 Max MC provider extract 3327 - Rel2 Create NEMT Provider Update 3320 - Rel2 Passport Provider Extract 3694 - REL2 - Provider MEUPS update 6236 - Rel2 - KAMES Prov Id 2097 - PBA Provider Extract

## 2.12 Change Orders

Note: Change Orders with a status of “Cancelled” at the time this document was prepared are not included in this document.

### 2.12.1 MCO Prov Exception Rpt - 3

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3	Change Order		Provider Data Maintenance	0.00	0.00	

#### 2.12.1.1 Desired Solution

Produce a daily MCO Provider update exception report.

EDS agrees to create this report when an automated interface with the MCO's is established.

#### 2.12.1.2 Business Impact

N/A

#### 2.12.1.3 Technical Specifications

N/A

#### 2.12.1.4 Clarifications

During JAD, this requirement was identified as being copied from another state. Since Kentucky does not receive a provider input file from the MCO (Passport), this requirement is not needed. However, EDS has agreed to process an input file from Passport and produce an exception report should the Commonwealth need this within a year after implementation.

#### 2.12.1.5 Associated Requirements

Requirement ID	Type
30.110.003.010	Interfaces - Incoming

#### 2.12.1.6 Associated System Objects

Technical Name	Object Type	Title
mgd_mconetwork	Program	MCO Provider Network Update

**2.12.1.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Define/Analyze In Progress	05/25/2005
Deferred	08/24/2005

**2.12.2 KMAA Provider Data - 8**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8	Change Order		Provider Data Maintenance	146.00	120.00	1

**2.12.2.1 Desired Solution**

KMAA to send provider status/enrollment data, provider data, updates, and so on.

EDS receives provider data transactions from FIQM periodically.

Add edits to the KMAA enrollment data retrieve to check for duplicates. (NPI, Tax Id).

**2.12.2.2 Business Impact**

N/A

**2.12.2.3 Technical Specifications**

EDS receives an xml transaction to update/insert data from the BizTalk server. EDS sends back the provider ID for inserts.

**2.12.2.4 Clarifications**

No associated clarifications found.

**2.12.2.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.2	RFP Requirement
30.050.003.002.4	RFP Requirement
30.090.003.001.1	Interfaces - Incoming
30.090.003.002.6	Interfaces - Incoming
30.090.003.004.5	Interfaces - Outbound

**2.12.2.6 Associated System Objects**

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

**2.12.2.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Cancelled	04/04/2006
SE Assigned	04/22/2006
Construction in Progress	05/31/2006
Ready for Model Office	08/08/2006

Status	Date
Model Office Implemented	08/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.3 KAMES Provider Update - 9**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
9	Change Order		Provider Data Maintenance	81.00	90.00	1

**2.12.3.1 Desired Solution**

Produce and transmit a daily provider update (for PCP, Lock-In assignment) file to KAMES/PA62 by 7:00 p.m. Eastern Time (EST or EDT as applicable).

**2.12.3.2 Business Impact**

N/A

**2.12.3.3 Technical Specifications**

This file layout is documented under KAMES Provider extract

The length of the provider specialty is changing from two to three characters.

This file contains packed data. If the layout cannot be altered to do away with the packed data, then according to Scott Lowry there is a Unix utility to create packed decimal fields; otherwise, it has to be done using bit manipulation inside the C program.

See Legacy program KYMP2000. It produces an extract of all added or changed provider data since the last time the extract was created.

**2.12.3.4 Clarifications**

No associated clarifications found.

**2.12.3.5 Associated Requirements**

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

**2.12.3.6 Associated System Objects**

Technical Name	Object Type	Title
prvp840d	Program	Provider KAMES Extract
PRVJD840	Batch Job	Provider KAMES Extract

**2.12.3.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Construction in Progress	07/28/2005
Sign-Off Requested	07/28/2005
Change Order Written	10/12/2005
SE Assigned	03/07/2006
Construction in Progress	03/08/2006

Status	Date
Ready for Construction Walkthrough	03/16/2006
Ready for Model Office	03/24/2006
Model Office Implemented	04/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.4 Enrollment Dup edit - 10**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
10	Change Order		Provider Data Maintenance	50.00	40.00	1

**2.12.4.1 Desired Solution**

Add edits to the KMAA enrollment data retrieve to check for duplicates. (NPI, Tax ID).

**2.12.4.2 Business Impact**

N/A

**2.12.4.3 Technical Specifications**

N/A

**2.12.4.4 Clarifications**

This is incorporated into CO 8 - The KMAA interface.

**2.12.4.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.7	Provider Enrollment

**2.12.4.6 Associated System Objects**

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

**2.12.4.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Duplicate	02/28/2006

**2.12.5 KMAA data transactions - 12**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
12	Change Order		Provider Data Maintenance			

**2.12.5.1 Desired Solution**

Duplicate of CO 8

Accept and process online real-time provider data transactions and/or data files from KMAA. Information to be shared with KMAA: Rates - Input (CO 13) and Output(?) Application data - Input New Provider data - input

**2.12.5.2 Business Impact**

N/A

**2.12.5.3 Technical Specifications**

N/A

**2.12.5.4 Clarifications**

No associated clarifications found.

**2.12.5.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.2	RFP Requirement
30.050.003.002.4	RFP Requirement

**2.12.5.6 Associated System Objects**

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

**2.12.5.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Define/Analyze In Progress	05/25/2005
Duplicate	09/14/2005

**2.12.6 KMAA Rate Updates - 13**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
13	Change Order		Provider Data Maintenance			

**2.12.6.1 Desired Solution**

Duplicate of CO 8.

Accept provider rate updates from KMAA. Provider rates can be negotiated by KMAA during Enrollment.

**2.12.6.2 Business Impact**

N/A

**2.12.6.3 Technical Specifications**

N/A

**2.12.6.4 Clarifications**

No associated clarifications found.

**2.12.6.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.3	RFP Requirement
30.050.003.002.4	RFP Requirement

**2.12.6.6 Associated System Objects**

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

**2.12.6.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Define/Analyze In Progress	05/25/2005
Duplicate	09/14/2005

**2.12.7 Enrollment Summary Report - 14**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
14	Change Order		Provider Data Maintenance	27.00	27.00	2

**2.12.7.1 Desired Solution**

Provide the Commonwealth with reports giving a weekly summary of enrollment activity conducted by the KMAA, including name, provider number and eligibility dates of providers enrolled.

Report is sorted by provider id and svc loc.

Give an unduplicated count of total providers changed during the reporting period. A provider enrolled in multiple programs is counted only once but each program the provider is enrolled in appears on the report.

**2.12.7.2 Business Impact**

N/A

**2.12.7.3 Technical Specifications**

Data for this report comes from the table t\_pr\_php\_elig (provider program). All rows that have a begin date within the reporting week appear on this report.

**2.12.7.4 Clarifications**

No associated clarifications found.

**2.12.7.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.19	Report

**2.12.7.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0310-W	Report	Provider Enrollment Detail Report

**2.12.7.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Construction in Progress	07/13/2005
Sign-Off Requested	07/13/2005
Change Order Written	07/14/2005
SE Assigned	11/16/2005
Ready for Construction Walkthrough	12/06/2005
Ready for Model Office	12/15/2005

Status	Date
Model Office Implemented	04/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.8 Suspected Dup Report - 15**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
15	Change Order		Provider Data Maintenance	61.00	48.00	2

**2.12.8.1 Desired Solution**

Identify and report, at least weekly, any suspected duplicate provider numbers, license numbers, Social Security Number (SSN) or Federal Employer Identification Number (FEIN) on the provider master file.

Report contains provider ID, svc loc, name, address, license, and Tax ID.

Frequency: Weekly

Criteria: Check against Active providers only. Active is defined as having an open eligibility segment.

**2.12.8.2 Business Impact**

N/A

**2.12.8.3 Technical Specifications**

Generate the Suspected Duplicate Report Weekly.

Make sure that the same tax IDs are not in the same group.

Create a weekly report that checks for duplicated only for newly enrolled (or re-enrolled) providers against the entire database of active providers.

Create a quarterly report that checks for duplicates against the entire database of active providers. This quarterly report also runs for the first time the weekend after the system goes live.

**2.12.8.4 Clarifications**

No associated clarifications found.

**2.12.8.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.8	Report

**2.12.8.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0018-R	Report	Suspected Duplicate Provider Information

**2.12.8.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Change Order Written	07/07/2005
Sign-Off Requested	07/08/2005
Change Order Written	07/18/2005
Technical Design In Progress (obsolete)	02/06/2006
Construction in Progress	02/08/2006
Ready for Model Office	02/14/2006
Model Office Implemented	03/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.9 Type Trend Report - 16**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
16	Change Order		Provider Data Maintenance	40.00	40.00	1

**2.12.9.1 Desired Solution**

Audit trail reports of changes to provider file data including information such as, reports giving an unduplicated count of provider additions, re-enrollments, active and inactive by enrollment status.

Add re-enrollments column, re-enrollments are determined by a new program segment for the same program when a history segment for that program exists.

For example: A Medicaid program exists that is end dated prior to this month and a new Medicaid segment exists that has a begin date during this month.

Also, add Active and Inactive columns where Active is defined as a provider that has billed in the last 12 months.

**2.12.9.2 Business Impact**

N/A

**2.12.9.3 Technical Specifications**

Modify report PRV-0550-M to add columns for Re-Enrollments during the Month, Current Active and Current Inactive.

Re-Enrollments for the month are derived by finding the number of providers with program segments starting this month and have a previous history segment for that program. The Enrollments column has to deduct this from its count.

Current Active is the total number of providers that have billed in the last 12 months.

Current Inactive is the total number of providers that still have an open program segment but have not billed in the past 12 months.

Refer to the Provider Activity - Inactivity Report (PRV-0500-M) report for the logic to determine the Active and Inactive counts.

**2.12.9.4 Clarifications**

No associated clarifications found.

**2.12.9.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.5	Report

**2.12.9.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0550-M	Report	Active Provider Type Trend Information

**2.12.9.7 Change Order Status**

Status	Date
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Status	Date
Define/Analyze In Progress	05/25/2005
Change Order Written	07/06/2005
Sign-Off Requested	07/06/2005
Change Order Written	07/14/2005
SE Assigned	10/27/2005
Construction in Progress	10/27/2005
Unit Test in Progress (obsolete)	10/28/2005
Ready for Model Office	11/03/2005
Model Office Implemented	03/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.10 Encounter - 18**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
18	Change Order		Provider Data Maintenance	27.00	30.00	2

**2.12.10.1 Desired Solution**

Produce a report of facilities by bed capacity.

The report lists the bed counts of all active providers that have counts entered on the Provider Bed Maintenance panel.

**2.12.10.2 Business Impact**

N/A

**2.12.10.3 Technical Specifications**

For a provider to appear on this report, they must have both an active program segment and an active bed segment. All active bed segments from the Provider Bed Maintenance panel appear on this report.

The bed type field contains the following options (subject to change - dependent on KMAA):

- Out of State Hosp;
- ICF;
- ICF/MR ;
- SNF; and,
- NF.

**2.12.10.4 Clarifications**

The beds fields need to be separated by LTC Medicaid only beds, Medicare only beds and dual beds.

**2.12.10.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.7	Report

**2.12.10.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0022-M	Report	Facility Bed Capacity Report

**2.12.10.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Sign-Off Requested	07/26/2005
Change Order Written	08/15/2005

Status	Date
Technical Design In Progress (obsolete)	02/14/2006
Construction in Progress	02/15/2006
Unit Test in Progress (obsolete)	02/16/2006
Ready for Model Office	02/20/2006
Model Office Implemented	03/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.11 NPI - 23**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
23	Change Order		Provider Data Maintenance	150.00	150.00	1

**2.12.11.1 Desired Solution**

Add ability to capture and store the NPI.

**2.12.11.2 Business Impact**

N/A

**2.12.11.3 Technical Specifications**

N/A

**2.12.11.4 Clarifications**

No associated clarifications found.

**2.12.11.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.9	Web Page

**2.12.11.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderInformation.ascx	Panel	Provider Information

**2.12.11.7 Change Order Status**

Status	Date
Define/Analyze In Progress	05/25/2005
Construction in Progress	05/01/2006
Ready for Model Office	05/16/2006
Model Office Implemented	05/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.12 Deactivate providers - 126**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
126	Change Order		Provider Data Maintenance	40.00	40.00	3

**2.12.12.1 Desired Solution**

Create a batch program that runs monthly and deactivates providers meeting the following criteria: No claim activity in the past 24 months and not a Fayette County physician and not an EPSDT Special Services provider type (45 legacy) and not a Dentist and not a Child Advocacy Center (type 13).

**2.12.12.2 Business Impact**

N/A

**2.12.12.3 Technical Specifications**

Create a monthly job (PRVJQ501) that executes a program to Deactivate Providers based on specific criteria. This job also generates a new Deactivate Providers Report (PRV-0501-Q). This report displays all the providers that have had the statuses on the program eligibility segment changed to inactive during this process.

This is a KY specific change order.

**2.12.12.4 Clarifications**

No associated clarifications found.

**2.12.12.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.5	Report

**2.12.12.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0501-Q	Report	Deactivate Provider Report

**2.12.12.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/20/2005
Sign-Off Requested	07/11/2005
Change Order Written	07/14/2005
SE Assigned	11/16/2005
Construction in Progress	11/17/2005
Unit Test in Progress (obsolete)	12/15/2005
Ready for Model Office	01/06/2006

Status	Date
Model Office Implemented	03/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.13 Specialty Trend Report - 131**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
131	Change Order		Provider Data Maintenance	40.00	40.00	1

**2.12.13.1 Desired Solution**

Add reenrollments column to the Specialty Trend Report. Re-enrollments are determined by a new program segment for the same program when a history segment for that program exists.

For example: A Medicaid program exists that is end dated prior to this month and a new Medicaid segment exists that has a begin date during this month.

Also add Active and Inactive columns where Active is defined as a provider that has billed in the last 12 months.

**2.12.13.2 Business Impact**

None

**2.12.13.3 Technical Specifications**

Modify report PRV-0551-M to add columns for Re-Enrollments during the Month, Current Active and Current Inactive.

Re-Enrollments for the month are derived by finding the number of providers with program segments starting this month and have a previous history segment for that program. The Enrollments column has to deduct this from its count.

Current Active is the total number of providers that have billed in the last 12 months.

Current Inactive is the total number of providers that still have an open program segment but have not billed in the past 12 months.

Refer to the Provider Activity - Inactivity Report (PRV-0500-M) report for the logic to determine the Active and Inactive counts.

**2.12.13.4 Clarifications**

No associated clarifications found.

**2.12.13.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.5	Report

**2.12.13.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0551-M	Report	Active Provider Specialty Trend Information

**2.12.13.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/21/2005
Change Order Written	07/06/2005
Sign-Off Requested	07/06/2005
Change Order Written	07/14/2005
SE Assigned	10/27/2005
Construction in Progress	11/02/2005
Ready for Model Office	11/03/2005
Model Office Implemented	03/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.14 Prov Restricted Svcs - 142**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
142	Change Order		Provider Data Maintenance	96.00	48.00	2

**2.12.14.1 Desired Solution**

Add capability to the Provider Restricted Services panel to restrict services based upon age and gender. Also bring up the comments panel with the restricted service panel so that a comment can be entered when a restricted is added/updated. Age is added to the Restrict code drop down list and then age range is entered into the Low Code and High Code field.

Gender is added as a separate drop down field (male/ female).

**2.12.14.2 Business Impact**

N/A

**2.12.14.3 Technical Specifications**

Add a value for Age to the Restrict drop down list, field name is cde\_rst\_type. Value A = Age. The high and low ranges then accept the age. Low is two digits with values 00 - 99. High is three digits and is 000 - 999. Edit to ensure the High range is greater than or equal to the Low range.

Add a value for County to the Restrict drop down list, Value C = County. The high and low ranges then accept the range of counties. A provider may have multiple county restriction rows effective at the same time.

**2.12.14.4 Clarifications**

Per agreement with the customer, Gender is not added to the Restrictions panel.

Per customer request - Gender is added back to this panel.

**2.12.14.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.13	Web Page

**2.12.14.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderRestrictedService.ascx	Panel	Provider Restricted Service
Prov.ProviderComment	Panel	Provider Comment

**2.12.14.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/21/2005
Construction in Progress	07/11/2005
Sign-Off Requested	07/11/2005
Change Order Written	07/20/2005

Status	Date
Construction in Progress	05/01/2006
Ready for Model Office	05/11/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.15 Prov On Review - 143**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
143	Change Order		Provider Data Maintenance	41.00	40.00	2

**2.12.15.1 Desired Solution**

See core change orders 6135 and 9109 that create a new panel and tables to hold review data with effective dates.

Add a new panel and table to maintain the review type indicators. This data has no effect on claims processing, it is for informational purposes only. See clarifications for updates to this change order.

**2.12.15.2 Business Impact**

N/A

**2.12.15.3 Technical Specifications**

Add a panel and table to the system to hold provider review data. This data is used for informational purposes only.

Add table (T\_PR\_REVIEW). This table holds providers who are on review and the reason for the review.

Add the following columns:

- SAK\_PROV\_LOC - Provider system assigned key;
- Data Type = Number;
- Length = 9;
- CDE\_REVIEW\_TYPE - The code indicating the agency performing the review;
- Data Type = Character;
- Length = 1;
- SAK\_SHORT - System assigned key for the date segment;
- Data Type = Number;
- Length = 4;
- DTE\_EFFECTIVE - The effective date of the provider review;
- Data Type = NUMBER;
- Length = 8;
- DTE\_END - The end date of the provider review;
- Data Type = NUMBER; and,
- Length = 8.

Add primary key - SAK\_PROV\_LOC, CDE\_REVIEW\_TYPE, SAK\_SHORT

Add table (T\_PR\_REVIEW\_CDE). This table holds codes for the valid provider review types.

Add the following columns:

- CDE\_REVIEW\_TYPE - Code indicating the type of Review;
- Data Type = Character;
- Length = 1;
- DSC\_REVIEW\_TYPE - Description of the review type;
- Data Type = Character; and,
- Length = 50.

Add primary key - CDE\_REVIEW\_TYPE.

Valid values for T\_PR\_REVIEW\_CDE are as follows:

- D = DMS Review;
- C = CMS Review;
- I = OIG Review (Inspector General);
- A = OAG Review (Attorney General);
- E = DEPP Review; and,
- Z = Other Law Enforcement Agency Review.

#### 2.12.15.4 Clarifications

The review code table contains the following values:

- DMS Review;
- CMS Review;
- OIG Review;
- OAG Review;
- DEPP Review; and,
- Other Law Enforcement Agency Review.

#### 2.12.15.5 Associated Requirements

Requirement ID	Type
30.090.003.002.13	Web Page
30.090.003.002.14	Web Page

**2.12.15.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderInformation.ascx	Panel	Provider Information
provReview.ascx	Panel	Review
Prov.ProviderBaseInformation.ascx	Panel	Provider Base Information

**2.12.15.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/21/2005
Construction in Progress	07/11/2005
Sign-Off Requested	07/11/2005
Change Order Written	07/14/2005
Ready for Model Office	03/14/2006
Model Office Implemented	03/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.16 MCO Network Interface - 145**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
145	Change Order		Provider Data Maintenance			

**2.12.16.1 Desired Solution**

This CO is canceled until an agreement with Passport is reached. EDS will complete this change order if the agreement with Passport is reached in time for this to be implemented before we go live.

Update batch program to process the MCO Provider Network interface file and update all necessary provider tables.

Currently this information is sent to the Commonwealth from Passport in the form of a paper report that is manually worked. These are update transactions only, but may include adding another site (service location), updating data or terminating the provider's relationship with Passport.

The commonwealth will pursue getting these transactions in a format that can be processed automatically in batch mode.

**2.12.16.2 Business Impact**

N/A

**2.12.16.3 Technical Specifications**

N/A

**2.12.16.4 Clarifications**

During JAD, this requirement was identified as being copied from another state. Since Kentucky does not receive a provider input file from the MCO (Passport), this requirement is not needed. However, EDS has agreed to process an input file from Passport and produce an exception report should the Commonwealth need this within a year after implementation.

**2.12.16.5 Associated Requirements**

Requirement ID	Type
30.090.003.001.2	Interfaces - Incoming
30.090.003.002.1	RFP Requirement
30.090.003.002.20	Interfaces - Incoming

**2.12.16.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.16.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/21/2005

Status	Date
Deferred	08/17/2005

**2.12.17 International Address - 149**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
149	Change Order		Provider Data Maintenance	96.00	48.00	3

**2.12.17.1 Desired Solution**

Add ability to store international address and phone numbers on the address table.

This includes up to a 15 digit phone number and an address with a zip code that may not match the 5-4 standard.

**2.12.17.2 Business Impact**

N/A

**2.12.17.3 Technical Specifications**

Add the following fields to table T\_PR\_ADR:

- ADR\_MAIL\_INT - 50 characters to hold out of country address info including city, country and zip code (which does not always adhere to the ISO 3166 standard of 5-4 digits);
- NUM\_PHONE\_INT - 15 character international phone number;
- NUM\_PHONE\_EXT\_INT - five character international phone number extension;
- NUM\_PHONE\_FAX\_INT - 15 character international fax number; and,
- CDE\_COUNTRY - two character country abbreviation. Default to US.

Add a new code table T\_COUNTRY:

- CDE\_COUNTRY - two character country abbreviation;
- DESC\_COUNTRY - 50 character country description;
- DIALING\_CODE - five character out of country dialing prefix for the country;
- AREA\_CODE - three characters area code for those countries that can be dialed without using the country dialing prefix;
- IND\_INT\_ADDRESS - (Y/N) indicates the country requires extra fields to enter the address; and,
- IND\_INT\_PHONE - (Y/N) indicates the country requires an extra field to enter the phone number.

Add the country code field as a drop-down list on the address form above Address 1. If a country code is chosen which has the ind\_int\_address indicator = 'Y', then show an extra address line for the international address (make it required). The entire city, state, zip international equivalent are entered into the new international address field.

If a country code is chosen which has the ind\_int\_phone = 'Y', then allow the international phone, fax and extension fields to be edited. The user still has the ability to enter on-shore numbers in the regular phone fields.

Country code defaults to US.

#### 2.12.17.4 Clarifications

No associated clarifications found.

#### 2.12.17.5 Associated Requirements

Requirement ID	Type
30.090.003.002.34	Web Page

#### 2.12.17.6 Associated System Objects

Technical Name	Object Type	Title
Prov.ProviderLocationNameAddress.ascx	Panel	Provider Location Name Address

#### 2.12.17.7 Change Order Status

Status	Date
Define/Analyze In Progress	06/21/2005
Construction in Progress	07/12/2005
Sign-Off Requested	08/11/2005
Change Order Written	08/15/2005
Construction in Progress	01/30/2006
Ready for Model Office	04/13/2006
Model Office Implemented	05/16/2006
Construction in Progress	05/22/2006
Ready for Model Office	05/24/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.18 LTC Beds - 151**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
151	Change Order		Provider Data Maintenance	41.00	20.00	2

**2.12.18.1 Desired Solution**

Remove the bed counts from the Provider NH Level of Care Rate panel. Bed counts are collected in a new table and panel (see change order 152).

**2.12.18.2 Business Impact**

N/A

**2.12.18.3 Technical Specifications**

Remove the Total Beds, Medicare Beds and Medicaid Beds fields from this panel.

**2.12.18.4 Clarifications**

No associated clarifications found.

**2.12.18.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.23	Web Page

**2.12.18.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderNHLevelofCareRate.ascx	Panel	Provider NH Rate

**2.12.18.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/21/2005
Construction in Progress	07/06/2005
Sign-Off Requested	07/14/2005
Change Order Written	07/20/2005
Construction in Progress	01/30/2006
Ready for Model Office	03/30/2006
Model Office Implemented	04/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.19 New Bed Panel - 152**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
152	Change Order		Provider Data Maintenance	34.00	36.00	2

**2.12.19.1 Desired Solution**

Create a new panel to capture bed counts for the in-patient facility with effective dates similar to the Provider Bed Data screen in the current (legacy) MMIS.

The bed counts that are captured are: Total, Medicare Only, Medicaid Only and Both.

This new panel is used to capture bed counts for LTC facilities and out of state hospitals although it can be used for any institution.

The customer uses the Both field to capture out of state hospital bed counts.

The total field is calculated as follows: Medicaid Only + Medicare Only + Both.

**2.12.19.2 Business Impact**

N/A

**2.12.19.3 Technical Specifications**

The new bed panels are titled Provider Bed Maintenance and list the following fields:

- Type of Beds - values are Nursing Home and Hospital, although may be expanded to contain different Levels of Care depending upon how KMAA collects this information and enrolls providers;
- Total Beds - Calculated as follows - Medicaid Only + Medicare Only + Both;
- Medicaid Only - Number of beds reserved strictly for Medicaid;
- Medicare Only - Number of beds reserved strictly for Medicare;
- Both - Number of beds that are dual purpose, Medicaid and Medicare;
- Effective Date - Date the segment becomes active; and,
- End Date - Date the segment becomes ineffective.

The table T\_PR\_BEDS was added to store this information. It contains the following fields:

- Sak\_Prov - System assigned key that identifies the provider;
- Cde\_Service\_Loc - Suffix added to the provider number to identify the various combination of services and locations the provider uses to do business;
- Bed\_Type\_Cde - type of bed being certified;
- sak\_short - sak that makes each record unique on this table;
- dte\_effective - Effective date for the bed information;
- dte\_end - Ending date for the bed information;

- Num\_Medicare\_Beds - Number of available beds designated for Medicare Members only;
- Num\_Medicaid\_Beds - Number of available beds designated for Medicaid Members only; and,
- Num\_Both\_Beds - Number of available beds designated for both Medicaid and Medicare Members.

Edit to ensure a provider has only one effective bed type segment at a given time.

The code table T\_PR\_BED\_TYPE is created to store the valid list of bed types and contains the fields:

- BED\_TYPE\_CDE - Type of bed. (char 2); and,
- BED\_TYPE\_DSC - Description of the Bed Type code. (char 20),

#### **2.12.19.4 Clarifications**

No associated clarifications found.

**2.12.19.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.23	Web Page

**2.12.19.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderBedMaintenance.ascx	Panel	Provider Bed Maintenance

**2.12.19.7 Change Order Status**

Status	Date
Define/Analyze In Progress	06/21/2005
Construction in Progress	07/05/2005
Sign-Off Requested	07/14/2005
Change Order Written	07/20/2005
Construction in Progress	01/30/2006
Ready for Model Office	03/30/2006
Model Office Implemented	04/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.20 Termination Rpt - 185**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
185	Change Order		Provider Data Maintenance	27.00	20.00	2

**2.12.20.1 Desired Solution**

Produce a termination report with the following criteria:

The report lists Provider ID, Svc Loc, and SSN/FEIN, name, program, effective dates and A/R amount. A grand total of providers and A/Rs are also needed.

**2.12.20.2 Business Impact**

N/A

**2.12.20.3 Technical Specifications**

Produce a new termination detail report with the following criteria:

- FREQ: weekly;
- FIELDS: SSN/FEIN, Provider ID, Svc Loc, Provider name, Program, Effective Dates, A/R Amounts, Grand Totals; and,
- SORT: Provider ID / Svc Loc

Grand totals include total number of providers and total A/R amount.

**2.12.20.4 Clarifications**

No associated clarifications found.

**2.12.20.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.19	Report

**2.12.20.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0520-W	Report	Provider Detail Termination Report

**2.12.20.7 Change Order Status**

Status	Date
Define/Analyze In Progress	07/01/2005
Change Order Written	07/06/2005
Sign-Off Requested	07/06/2005
Change Order Written	07/14/2005
SE Assigned	11/16/2005
Ready for Model Office	12/15/2005
Model Office Implemented	01/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.21 Providers to be deactivated rpt - 186**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
186	Change Order		Provider Data Maintenance	18.00	28.00	3

**2.12.21.1 Desired Solution**

Produce a report that lists providers that are due to be purged for inactivity.

The report may be generated at any time prior to the purge process.

Modify Report PRV-0500-M to use the following criteria:

- No claim activity in the past 24 months;
- Not a Fayette County physician;
- Not an EPSDT Special Services provider type (45 legacy);
- Not a Dentist; and,
- Not a Child Advocacy Center (legacy type 13).

Remove the status column because only active providers are listed.

Add an Accounts Receivable amount column to the report.

Add the AR reason code.

Add the AR setup date.

Add grand totals of the number of providers on the report and the grand total A/R amount.

Related to Change order 126 for criteria.

**2.12.21.2 Business Impact**

None

**2.12.21.3 Technical Specifications**

Create a batch program that runs monthly and deactivates providers meeting the following criteria: No claim activity in the past 24 months and not a Fayette County physician and not an EPSDT Special Services provider type (45 legacy) and not a Dentist and not a Child Advocacy Center (type 13).

The A/R Amount column shows the amount of each A/R outstanding for this provider. It is calculated by subtracting the amounts in the t\_ar\_disp\_amt from the setup amount in the t\_acct\_rec table.

The reason code comes from t\_acct\_rec.cde\_reason\_four.

The setup date comes from t\_acct\_rec.dte\_added.

Remove the status column.

Show a total number of providers on the report and the total A/R amount.

Change frequency to Quarterly.

This is a KY specific change order.

**2.12.21.4 Clarifications**

This is a KY Specific change order.

**2.12.21.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.4	Report

**2.12.21.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0500-Q	Report	Provider Activity - Inactivity Report

**2.12.21.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Define/Analyze In Progress	07/01/2005
Change Order Written	07/06/2005
Sign-Off Requested	07/06/2005
Change Order Written	07/14/2005
SE Assigned	11/16/2005
Construction in Progress	12/09/2005
Unit Test in Progress (obsolete)	12/15/2005
Ready for Model Office	12/16/2005
Model Office Implemented	03/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.22 Crosswalk Types and Specialties - 187**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
187	Change Order		Provider Data Maintenance	24.00	40.00	1

**2.12.22.1 Desired Solution**

Incorporate Legacy Provider Types into interChange.

Legacy Specialty codes need to be incorporated into iCE codes using the iCE specialty code.

**2.12.22.2 Business Impact**

N/A

**2.12.22.3 Technical Specifications**

N/A

**2.12.22.4 Clarifications**

No associated clarifications found.

**2.12.22.5 Associated Requirements**

Requirement ID	Type
30.090.002.002.4	Web Page

**2.12.22.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderTypeandSpecialty.ascx	Panel	Provider Type and Specialty

**2.12.22.7 Change Order Status**

Status	Date
Define/Analyze In Progress	07/01/2005
SE Assigned	10/31/2005
Ready for Model Office	04/04/2006
Model Office Implemented	06/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.23 Provider DOB and SSN - 259**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
259	Change Order		Provider Data Maintenance	41.00	20.00	3

**2.12.23.1 Desired Solution**

There is a need to store the Provider date of birth for future processing and the Provider SSN separate from the Tax ID.

**2.12.23.2 Business Impact**

It is expected that the Provider date of birth is collected with NPI.

**2.12.23.3 Technical Specifications**

Add fields named dte\_birth and num\_prov\_ssn to the t\_pr\_prov table.

Add DOB and SSN to the Provider Base Information panel

This DOB field is reserved for future use. It is not a required field. SSN is not required.

**2.12.23.4 Clarifications**

No associated clarifications found.

**2.12.23.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.12	Web Page
30.090.003.003.11	Web Page

**2.12.23.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderInformation.ascx	Panel	Provider Information
Prov.ProviderBaseInformation.ascx	Panel	Provider Base Information

**2.12.23.7 Change Order Status**

Status	Date
Define/Analyze In Progress	07/18/2005
Sign-Off Requested	07/18/2005
Change Order Written	07/22/2005
SE Assigned	12/02/2005
Construction in Progress	01/02/2006
Ready for Model Office	04/04/2006
Model Office Implemented	04/19/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.24 Fiscal Year End - 260**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
260	Change Order		Provider Data Maintenance	41.00	20.00	2

**2.12.24.1 Desired Solution**

There is a need to store the month of the Provider's Fiscal Year End.

**2.12.24.2 Business Impact**

N/A

**2.12.24.3 Technical Specifications**

Add the field FYE\_MONTH to the table T\_PR\_SVC\_LOC as a two character field.

Add this field to the Provider Service Location panel, tag name is FYE with a drop down containing the 12 months, the name of the month is displayed and 01-12 is stored.

This field is not required and blank is a valid option.

**2.12.24.4 Clarifications**

No associated clarifications found.

**2.12.24.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.12	Web Page

**2.12.24.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderServiceLocation.ascx	Panel	Provider Service Location
Prov.ProviderInformation.ascx	Panel	Provider Information

**2.12.24.7 Change Order Status**

Status	Date
Define/Analyze In Progress	07/18/2005
Sign-Off Requested	07/18/2005
Change Order Written	07/22/2005
SE Assigned	01/04/2006
Construction in Progress	01/30/2006
Ready for Model Office	04/04/2006
Model Office Implemented	04/19/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

**2.12.25 KYAmend-Prov Change Letter Rpt - 412**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
412	Change Order		Provider Data Maintenance	112.00	60.00	3

**2.12.25.1 Desired Solution**

This report is produced from KMAA because the change letters are produced there.

There is a need to generate a new daily Provider Change Letter report. The report lists all the Providers who have had change letters generated that day.

This report has been altered to be produced for all letters.

**2.12.25.2 Business Impact**

N/A

**2.12.25.3 Technical Specifications**

The PROVIDER LETTER REPORT is generated daily.

All letters in the PROVIDER group on the T\_LG\_LETTER\_GROUP table are printed that have a dte\_sent on the T\_LG\_LETTER\_REQUEST table during the reporting period are listed.

The report creates a sub-total for each Letter and performs a page break for each new letter.

A grand total is printed at the end of the report.

**2.12.25.4 Clarifications**

No associated clarifications found.

**2.12.25.5 Associated Requirements**

Requirement ID	Type
2914	KY Amend
30.090.003.003.3	Report

**2.12.25.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0502-D	Report	Provider Letter Report
prvp502d	Program	Provider Letter Report
PRVJD502	Batch Job	Provider Letter Report

**2.12.25.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/10/2005
Sign-Off Requested	08/12/2005
Change Order Written	08/26/2005

Status	Date
Cancelled	12/13/2005
Change Order Written	04/27/2006
SE Assigned	08/11/2006
Construction in Progress	08/16/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.26 New-CLIA Summ by Prov Type Rpt - 413**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
413	Change Order		Provider Data Maintenance	27.00	25.00	2

**2.12.26.1 Desired Solution**

There is a need to generate a monthly CLIA Provider Summary Report by Provider Type report. The report is grouped by provider type and is sorted by provider ID, Service Location, CLIA Number and Lab Certification Type.

**2.12.26.2 Business Impact**

N/A

**2.12.26.3 Technical Specifications**

N/A

**2.12.26.4 Clarifications**

No associated clarifications found.

**2.12.26.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.3	Report

**2.12.26.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-2501-M	Report	CLIA Provider Summary By Provider Type

**2.12.26.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/10/2005
Sign-Off Requested	08/12/2005
Change Order Written	08/23/2005
SE Assigned	10/27/2005
Construction in Progress	11/07/2005
Unit Test in Progress (obsolete)	11/10/2005
Ready for Model Office	12/07/2005
Ready for UAT	01/16/2006
Model Office Implemented	01/25/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

**2.12.27 KYAmend-Prov listing by Grp/Cnty - 415**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
415	Change Order		Provider Data Maintenance	122.00	80.00	2

**2.12.27.1 Desired Solution**

These reports are better suited to be produced from FIQM. EDS agrees to create these reports if First Health declines.

There is a need to generate two daily reports: Provider Listing by Group Affiliation and List By Area-Dev District County. The Provider Listing by Group Affiliation Report identifies providers who are members of a group practice. The List By Area-Dev District County Report produces a complete listing of all active providers by area development district by county.

**2.12.27.2 Business Impact**

N/A

**2.12.27.3 Technical Specifications**

N/A

**2.12.27.4 Clarifications**

No associated clarifications found.

**2.12.27.5 Associated Requirements**

Requirement ID	Type
2914	KY Amend
30.090.003.003.3	Report

**2.12.27.6 Associated System Objects**

Technical Name	Object Type	Title
prvp550d	Program	Listing by District and County
PRVJD551	Batch Job	Provider Listing by Group Affiliation Report
T_CDE_CALL_PRIORITY	Database Table	
PRV-5505-D	Report	List By Area-Dev District County
PRV-5511-D	Report	Provider Listing By Group Affiliation
PRVJD550	Batch Job	Provider Listing by District and County Report

**2.12.27.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/11/2005
Sign-Off Requested	08/12/2005
Change Order Written	08/24/2005

Status	Date
Cancelled	01/03/2006
Change Order Written	04/27/2006
Ready for Model Office	08/22/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.28 New-CLIA Summ by Cert Rpt - 418**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
418	Change Order		Provider Data Maintenance	27.00	20.00	2

**2.12.28.1 Desired Solution**

There is a need to generate a monthly CLIA Provider Summary By Certification Report. This report lists by CLIA certification level, the CLIA provider information.

**2.12.28.2 Business Impact**

N/A

**2.12.28.3 Technical Specifications**

N/A

**2.12.28.4 Clarifications**

No associated clarifications found.

**2.12.28.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.3	Report

**2.12.28.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-2701-M	Report	CLIA Provider Summary By Certification

**2.12.28.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/11/2005
Sign-Off Requested	08/12/2005
Change Order Written	09/26/2005
SE Assigned	10/27/2005
Construction in Progress	11/10/2005
Unit Test in Progress (obsolete)	11/17/2005
Ready for Model Office	12/07/2005
Ready for UAT	01/16/2006
Model Office Implemented	01/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.29 New-Prov Presumptive Elig Rpt - 419**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
419	Change Order		Provider Data Maintenance	61.00	40.00	2

**2.12.29.1 Desired Solution**

There is a need to generate a monthly Provider Presumptive Eligibility Report. This report lists the providers who are enrolled in the Presumptive Eligibility program as of the current run date.

**2.12.29.2 Business Impact**

N/A

**2.12.29.3 Technical Specifications**

N/A

**2.12.29.4 Clarifications**

No associated clarifications found.

**2.12.29.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.3	Report

**2.12.29.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-2911-M	Report	Provider Presumptive Eligibility Report

**2.12.29.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/11/2005
Sign-Off Requested	08/12/2005
Change Order Written	08/23/2005
Construction in Progress	01/16/2006
Model Office Implemented	01/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.30 New-XREF By City Rpt - 420**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
420	Change Order		Provider Data Maintenance	27.00	25.00	2

**2.12.30.1 Desired Solution**

There is a need to generate a monthly Cross Reference By City Report. This report cross-references provider information by city.

**2.12.30.2 Business Impact**

N/A

**2.12.30.3 Technical Specifications**

N/A

**2.12.30.4 Clarifications**

No associated clarifications found.

**2.12.30.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.3	Report

**2.12.30.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-3605-M	Report	Cross-Reference By City

**2.12.30.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/11/2005
Sign-Off Requested	08/12/2005
Change Order Written	08/23/2005
Construction in Progress	01/30/2006
Ready for Model Office	02/03/2006
Model Office Implemented	02/28/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.31 New-Re-Instated Provider Rpt - 421**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
421	Change Order		Provider Data Maintenance	27.00	25.00	2

**2.12.31.1 Desired Solution**

There is a need to generate a weekly Newly Re-Instated Provider Report. The report displays all providers who were re-instated in the past week.

**2.12.31.2 Business Impact**

N/A

**2.12.31.3 Technical Specifications**

N/A

**2.12.31.4 Clarifications**

No associated clarifications found.

**2.12.31.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.3	Report

**2.12.31.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-4402-W	Report	Newly Re-Instated Provider Report

**2.12.31.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/11/2005
Sign-Off Requested	08/12/2005
Change Order Written	08/23/2005
Ready for Model Office	01/30/2006
Model Office Implemented	04/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.32 KYAmend-EFT and Prv Grp shdn Rpt - 423**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
423	Change Order		Provider Data Maintenance	40.00	32.00	2

**2.12.32.1 Desired Solution**

There is a need to generate a new daily EFT and Provider Group Shutdown Report. The report lists all the providers whose EFT and/or Groups were shutdown due to the provider's eligibility terminated with an alpha status code.

**2.12.32.2 Business Impact**

N/A

**2.12.32.3 Technical Specifications**

The EFT and Provider Group Shutdown Report is generated daily. The data is selected from the EFT Table. The following fields are displayed on the report: Provider Number, Provider Name and Shutdown Date

**Group Shutdown**

Compare the maximum contract end date (t\_pr\_php\_elig) with the report run date. If it is less then end date all group relationship (t\_pr\_grp\_mbr) rows and show them on the report.

**EFT Shutdown**

If a provider has been closed for one year (max dte\_end on t\_pr\_php\_elig is < today - 1 year), then end date their Active EFT segment and create a new row with a Canceled status and show them on the report.

**2.12.32.4 Clarifications**

Re-opened as part of the Amended contract.

**2.12.32.5 Associated Requirements**

Requirement ID	Type
2914	KY Amend
30.090.003.003.3	Report

**2.12.32.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-5401-D	Report	Provider Shutdown Report
PRVJD540	Batch Job	Provider Shutdown Report
prvp540d	Program	Provider Shutdown Report

**2.12.32.7 Change Order Status**

Status	Date
Define/Analyze In Progress	08/10/2005

Status	Date
Sign-Off Requested	08/12/2005
Change Order Written	08/24/2005
Cancelled	01/03/2006
Change Order Written	04/27/2006
SE Assigned	05/08/2006
Define/Analyze In Progress	05/08/2006
Construction in Progress	05/10/2006
Ready for Construction Walkthrough	05/17/2006
Ready for Model Office	05/25/2006
Model Office Implemented	06/05/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.33 Country Code Maintenance - 430**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
430	Change Order		Provider Data Maintenance	34.00	40.00	3

**2.12.33.1 Desired Solution**

Create a panel to update the new t\_country table.

**2.12.33.2 Business Impact**

N/A

**2.12.33.3 Technical Specifications**

Create a panel to update all fields on the new t\_country table.

The new table T\_COUNTRY has the following attributes:

- CDE\_COUNTRY - two character ISO country abbreviation (primary key);
- DESC\_COUNTRY - 50 character country description;
- DIALING\_CODE - five character out of country dialing prefix for the country;
- AREA\_CODE - three characters area code for those countries that can be dialed without using the country dialing prefix;
- IND\_INT\_ADDRESS- (Y/N) indicates the country requires extra fields to enter the address;
- IND\_INT\_PHONE - (Y/N) indicates the country requires an extra field to enter the phone number; and,
- CDE\_COUNTRY\_3- The three characters are a standard country currency and fund abbreviation.

Code List ISO 3166 represents names of countries with a two character code.

Code List ISO 4217 represents currencies and funds with a three character code.

This table also needs to be created for Provider CO 149 and the country code is also referenced in TPL.

Modify the Reference Related Data - Other page to link to this new panel.

**2.12.33.4 Clarifications**

No associated clarifications found.

**2.12.33.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.34	Web Page

**2.12.33.6 Associated System Objects**

Technical Name	Object Type	Title
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Technical Name	Object Type	Title
Ref.Country	Panel	Codes-Country

**2.12.33.7 Change Order Status**

Status	Date
Construction in Progress	08/11/2005
Change Order Written	08/12/2005
SE Assigned	12/02/2005
Construction in Progress	01/30/2006
Ready for Model Office	01/30/2006
Model Office Implemented	03/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.34 Task - Operate and Maintain Prov - 644**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
644	Change Order		Provider Data Maintenance			

**2.12.34.1 Desired Solution**

Operate and maintain provider data after interChange goes live.

**2.12.34.2 Business Impact**

N/A

**2.12.34.3 Technical Specifications**

N/A

**2.12.34.4 Clarifications**

No associated clarifications found.

**2.12.34.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.1	RFP Requirement
30.050.003.002.5	RFP Requirement
30.090.003.002.1	RFP Requirement

**2.12.34.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.34.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Change Order Written	08/30/2005
Deferred	01/25/2006

**2.12.35 Task - Manuals - 645**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
645	Change Order		Provider Data Maintenance			

**2.12.35.1 Desired Solution**

Create sections of the provider manual and supply to KMAA for distribution.

**2.12.35.2 Business Impact**

N/A

**2.12.35.3 Technical Specifications**

N/A

**2.12.35.4 Clarifications**

No associated clarifications found.

**2.12.35.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.10	Training and Manuals
30.050.003.002.9	Training and Manuals

**2.12.35.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.35.7 Change Order Status**

Status	Date
Change Order Written	08/30/2005
Deferred	01/25/2006

**2.12.36 Task - Provider Education - 646**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
646	Change Order		Provider Data Maintenance			

**2.12.36.1 Desired Solution**

Educate and train providers.

**2.12.36.2 Business Impact**

N/A

**2.12.36.3 Technical Specifications**

N/A

**2.12.36.4 Clarifications**

No associated clarifications found.

**2.12.36.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.12	Training and Manuals
30.050.003.002.14	Training and Manuals
30.050.003.002.15	Training and Manuals
30.050.003.002.16	Training and Manuals
30.050.003.002.17	Training and Manuals
30.050.003.002.6	Training and Manuals
30.050.003.002.7	Training and Manuals

**2.12.36.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.36.7 Change Order Status**

Status	Date
Change Order Written	08/30/2005
Deferred	01/25/2006

**2.12.37 Task - Report Distribution - 647**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
647	Change Order		Provider Data Maintenance			

**2.12.37.1 Desired Solution**

Distribute reports to Commonwealth as designated.

**2.12.37.2 Business Impact**

N/A

**2.12.37.3 Technical Specifications**

N/A

**2.12.37.4 Clarifications**

No associated clarifications found.

**2.12.37.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.18	Report

**2.12.37.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.37.7 Change Order Status**

Status	Date
Change Order Written	08/30/2005
Deferred	01/25/2006

**2.12.38 Task - Notify Commonwealth - 648**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
648	Change Order		Provider Data Maintenance			

**2.12.38.1 Desired Solution**

Notify the Commonwealth with any evidence of fraud or abuse, and with any areas of improvement.

**2.12.38.2 Business Impact**

N/A

**2.12.38.3 Technical Specifications**

N/A

**2.12.38.4 Clarifications**

No associated clarifications found.

**2.12.38.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.23	RFP Requirement

**2.12.38.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.38.7 Change Order Status**

Status	Date
Change Order Written	08/30/2005
Deferred	01/25/2006

**2.12.39 Task - Provider Communications - 649**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
649	Change Order		Provider Data Maintenance			

**2.12.39.1 Desired Solution**

Maintain a provider communications function.

**2.12.39.2 Business Impact**

N/A

**2.12.39.3 Technical Specifications**

N/A

**2.12.39.4 Clarifications**

No associated clarifications found.

**2.12.39.5 Associated Requirements**

Requirement ID	Type
30.050.003.002.8	Call Tracking
30.110.003.001	RFP Requirement
30.110.003.002	RFP Requirement
30.110.003.003	RFP Requirement
30.110.003.004	RFP Requirement

**2.12.39.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.39.7 Change Order Status**

Status	Date
Change Order Written	08/30/2005
Deferred	01/25/2006

**2.12.40 License Panel - 1081**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1081	Change Order		Provider Data Maintenance	41.00		2

**2.12.40.1 Desired Solution**

There is a need to store the issuing state on the License panel.

Change the SSN tag to be SSN / FEIN because either may be included on the license.

Change the edit on the License Number field to require three characters instead of four.

**2.12.40.2 Business Impact**

interChange can track multiple licenses for a provider, which is useful for those providers who live across the border and are issued licenses both by KY and the state in which they reside.

**2.12.40.3 Technical Specifications**

Add the two character field issue\_state to table t\_pr\_hb\_lic.

Add the field Issuing State to the license panel. The field was added above License Type in the detail section of the panel and to the left of License Type in the list section of the panel. This allows the Commonwealth to track which state issued the provider license.

Change the SSN tag to be SSN / FEIN because either may be included on the license.

Change the edit on the License Number field to require three characters instead of four.

**2.12.40.4 Clarifications**

No associated clarifications found.

**2.12.40.5 Associated Requirements**

Requirement ID	Type
30.050.003.001.23	RFP Requirement

**2.12.40.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.License.ascx	Panel	License

**2.12.40.7 Change Order Status**

Status	Date
Construction in Progress	09/19/2005
Sign-Off Requested	09/30/2005
Change Order Written	11/14/2005
Construction in Progress	05/01/2006
Model Office Implemented	05/16/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.41 Provider Lockin panel - 1366**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1366	Change Order		Provider Data Maintenance			1

**2.12.41.1 Desired Solution**

There is a need to create a provider lockin panel to display all members locked-in to a particular provider.

**2.12.41.2 Business Impact**

N/A

**2.12.41.3 Technical Specifications**

The new provider lockin panel is accessed through the Provider Information Provider Maintenance Service Location internal web page.

The total number of members locked in and locked out is displayed in the header portion of the form.

The list portion of the form shows the following fields:

- Member ID;
- Member Name;
- Restriction Indicator (IN or OUT);
- Effective Date; and,
- End Date.

This panel is view only and has no detail section.

**2.12.41.4 Clarifications**

No associated clarifications found.

**2.12.41.5 Associated Requirements**

Requirement ID	Type
30.020.002	RFP Requirement
30.050.001.002.12	Member Data Maintenance
30.050.001.002.9	Recipient Online
30.050.014.002.2	Case Management Data Maintenance
30.050.014.002.7	Case Management Data Maintenance
30.050.014.002.8	Case Management Data Maintenance
30.090.001.001.5	Recipient Online
30.090.001.002.1	Member Data Maintenance

Requirement ID	Type
30.090.001.002.10	Member Data Maintenance
30.090.001.002.11	Member Data Maintenance
30.090.001.002.13	Recipient Online
30.090.001.002.15	Member Data Maintenance
30.090.001.002.16	Recipient Online
30.090.001.002.16E	RFP Split Requirement
30.090.001.002.9	Recipient Online
30.090.001.003.2	Recipient Online
30.090.003.002.35	Web Page
30.090.014.001.1	Interfaces - Incoming
30.110.001.003	Recipient Online

**2.12.41.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderLockin.ascx	Panel	Provider Lockin

**2.12.41.7 Change Order Status**

Status	Date
Define/Analyze In Progress	10/20/2005
Sign-Off Requested	10/21/2005
Change Order Written	11/08/2005
SE Assigned	11/29/2005
Construction in Progress	12/15/2005
Ready for Construction Walkthrough	01/30/2006
Model Office Implemented	01/30/2006
Model Office Implemented	05/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.42 Provider License xref panel - 1557**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1557	Change Order		Provider Data Maintenance			1

**2.12.42.1 Desired Solution**

Create a new provider license panel to be able to assign more than one license to a provider, name the panel Provider License.

The new panel shows the following:

- Issuing State (two chars);
- License Type (four chars);
- License Number (ten chars);
- Effective Date; and,
- End Date.

The same fields are available in the Detail section of the panel that allows editing and adding a new row. The effective dates on this panel are different than the effective dates on the main license panel. These dates show the time span the provider is associated with this license. On a new entry it is defaulted to the end of time. The effective dates on the main license panel show the actual dates that exist on the license.

**2.12.42.2 Business Impact**

N/A

**2.12.42.3 Technical Specifications**

Clicking on a license number from this panel brings up the main License panel.

The panel is accessed from the Provider Maintenance Service Location panel.

**2.12.42.4 Clarifications**

No associated clarifications found.

**2.12.42.5 Associated Requirements**

Requirement ID	Type
30.050.003.001.23	RFP Requirement

**2.12.42.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderLicense.ascx	Panel	Provider License

**2.12.42.7 Change Order Status**

Status	Date
Define/Analyze In Progress	11/07/2005

Status	Date
Sign-Off Requested	11/08/2005
Change Order Written	11/14/2005
Ready for Model Office	05/11/2006
Model Office Implemented	05/16/2006
Ready for Model Office	05/25/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.43 Provider Type License Remove - 1558**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1558	Change Order		Provider Data Maintenance			1

**2.12.43.1 Desired Solution**

Remove the License number field from the Provider Type and Specialty panel.

**2.12.43.2 Business Impact**

N/A

**2.12.43.3 Technical Specifications**

Remove the license number field from the Provider Type and Specialty panel. A new Provider License panel is being created under change order 1557.

**2.12.43.4 Clarifications**

No associated clarifications found.

**2.12.43.5 Associated Requirements**

Requirement ID	Type
30.050.003.001.23	RFP Requirement

**2.12.43.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderTypeandSpecialty.ascx	Panel	Provider Type and Specialty

**2.12.43.7 Change Order Status**

Status	Date
Define/Analyze In Progress	11/07/2005
Sign-Off Requested	11/08/2005
Change Order Written	11/14/2005
SE Assigned	02/02/2006
Construction in Progress	02/02/2006
Ready for Model Office	03/14/2006
Model Office Implemented	03/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.44 Prov Phys Asst Panel - 1585**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1585	Change Order		Provider Data Maintenance			1

**2.12.44.1 Desired Solution**

There is a business need in Kentucky to store a relationship between the Physician (provider) and their assistants. KY pricing logic prices details with a U1 procedure code at 75% the regular rate. Claims have created edit 247 to ensure that the relationship between the assistant and the physician is valid.

Create two new panels to show this relationship:

1. Physician Assistants panel shows the assistants assigned to this physician; and,
2. Assisted Physicians panel shows the physicians assigned to this assistant.

**2.12.44.2 Business Impact**

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

**2.12.44.3 Technical Specifications**

Create the new table T\_PR\_PHYS\_ASST with the following attributes:

- SAK\_PROV Number 9;
- CDE\_SERVICE\_LOC Char 1;
- SAK\_PROV\_ASST Number 9;
- CDE\_SERVICE\_LOC\_ASST Char 1;
- SAK\_SHORT Number 4;
- DTE\_EFFECTIVE Number 8; and,
- DTE\_END Number 8.

Physician Assistants panel: The field labels are:

- Asst Number;
- Asst Service Location;
- Asst Name;
- Effective Date; and,
- End Date.

Assisted Physicians panel: The field labels are:

- Phys Number;
- Phys Service Location;
- Phys Name;

- Effective Date; and,
- End Date.

**2.12.44.4 Clarifications**

No associated clarifications found.

**2.12.44.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.15	Web Page

**2.12.44.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.AssistedPhysicians.ascx	Panel	Supervising Physician
Prov.PhysicianAssistants.ascx	Panel	Physician Assistants

**2.12.44.7 Change Order Status**

Status	Date
Issue Identified	11/11/2005
Sign-Off Requested	11/14/2005
Change Order Written	11/14/2005
SE Assigned	01/17/2006
Construction in Progress	01/19/2006
Ready for Model Office	04/04/2006
Model Office Implemented	04/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.45 Core 10364 WI 1453 - DRG 19 - 1692**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1692	Change Order		Provider Data Maintenance			1

**2.12.45.1 Desired Solution**

See Core CO 10364 all documentation is updated on this CO

See WI CO 1453

The current provider DRG base rate is the result of calculations that the state executes to get the base rate. The state would like to be able to store the provider amounts that are utilized to calculate the base rate. This facilitates the creation of the Disproportionate Share Hospital Payment report.

**2.12.45.2 Business Impact**

See Core CO 10364 all documentation is updated on this CO

See WI CO 1453

Store additional information utilized to calculate the DRG base rate to be utilized during DRG pricing methodology.

**2.12.45.3 Technical Specifications**

See Core CO 10364 all documentation is updated on this CO

See WI CO 1453

Add the following amounts to table T\_PR\_DRG\_RATE:

- AMT\_CAPITAL;
- AMT\_MED\_ED;
- PCT\_DISP\_SHR;
- NUM\_COST\_OUTLIER;
- PCT\_COST\_OUTLIER;
- PCT\_PAID;
- PCT\_MED\_ED;
- PCT\_CAPT\_MED\_ED; and,
- DTE\_INACTIVE.

Change the following attributes:

- NUM\_BASE\_RATE from Number 10 2 to Number 10 3
- CST\_CHRG\_RATE from Number 5 4 to Number 6 5

Please see the data model change form under supplemental documentation for detailed information concerning the new and updated table attributes.

**2.12.45.4 Clarifications**

No associated clarifications found.

**2.12.45.5 Associated Requirements**

Requirement ID	Type
30.090.007.002.41	Claims Pricing

**2.12.45.6 Associated System Objects**

Technical Name	Object Type	Title
T_PR_DRG_RATE	Database Table	

**2.12.45.7 Change Order Status**

Status	Date
Issue Identified	11/28/2005
Construction in Progress	05/23/2006
Ready for Model Office	06/01/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.46 Core 10365 WI 1454 - DRG 20 - 1693**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1693	Change Order		Provider Data Maintenance			1

**2.12.46.1 Desired Solution**

See Core CO 10365 all documentation is updated on this CO

See WI CO 1454

The current provider DRG base rate is the result of calculations that the state executes to get the base rate. The state would like to be able to store the provider amounts that are utilized to calculate the base rate. This facilitates the creation of the Disproportionate Share Hospital Payment report.

Business Impact is updated on this CO

See WI CO 1454

Provide online access additional information utilized to calculate the DRG base rate to be utilized during DRG pricing methodology. The new fields are identified in CO 1453.

**2.12.46.2 Technical Specifications**

See Core CO 10365 all documentation is updated on this CO

See WI CO 1454

Make modifications to the provider DRG rates maintenance panel to include the new fields added in CO 1453. Also need to remove/disable links to the Medical Education Cost and Disproportionate Share Rate panels as these are now incorporated into the Provider DRG Rates panel.

**2.12.46.3 Clarifications**

Field

**2.12.46.4 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

**2.12.46.5 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderDrgRatePanel.ascx	Panel	Provider DRG Rate

**2.12.46.6 Change Order Status**

Status	Date
Issue Identified	11/28/2005
Construction in Progress	05/23/2006
Ready for Model Office	06/01/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.47 CLIA Partnership file - 1807**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1807	Change Order		Provider Data Maintenance			2

**2.12.47.1 Desired Solution**

There is a need to create a monthly CLIA extract file to be sent to Passport. The layout of the file is documented under the Inputs/Outputs section.

**2.12.47.2 Business Impact**

N/A

**2.12.47.3 Technical Specifications**

N/A

**2.12.47.4 Clarifications**

No associated clarifications found.

**2.12.47.5 Associated Requirements**

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

**2.12.47.6 Associated System Objects**

Technical Name	Object Type	Title
prvp845m	Program	CLIA Partnership Extract

**2.12.47.7 Change Order Status**

Status	Date
Change Order Written	01/03/2006
Ready for Model Office	03/06/2006
Model Office Implemented	03/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.48 License Extract for Passport - 1808**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1808	Change Order		Provider Data Maintenance			2

**2.12.48.1 Desired Solution**

There is a need to create a monthly License file extract to be transferred to Passport. The layout of the file is documented under the Inputs/Outputs section of the DSD

**2.12.48.2 Business Impact**

N/A

**2.12.48.3 Technical Specifications**

N/A

**2.12.48.4 Clarifications**

No associated clarifications found.

**2.12.48.5 Associated Requirements**

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

**2.12.48.6 Associated System Objects**

Technical Name	Object Type	Title
PRVJM861	Batch Job	Provider License Extract for Passport
prvp861m	Program	Provider License File for Passport

**2.12.48.7 Change Order Status**

Status	Date
Change Order Written	01/03/2006
Ready for Model Office	03/07/2006
Model Office Implemented	04/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.49 LG URL - 1818**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1818	Change Order		Provider Data Maintenance			

**2.12.49.1 Desired Solution**

To make the code point to the new Letter Generator URL

**2.12.49.2 Business Impact**

N/A

**2.12.49.3 Technical Specifications**

Following is the link to the CO for creating new letter generator database. Letter Generator Database CO

Following are the files which point to the URL of the old letter generator

- ChangeLetter.ascx.cs;
- Enrollment.ascx.cs;
- Enrollment.ascx.cs;
- Enrollment.ascx.cs;
- Enrollment.ascx.cs;
- Information.ascx.cs;
- ProviderApplicationReturnToProviderPanel.ascx.cs;
- ProviderEFTErrorsLetter.ascx.cs; and,
- RTPUpdateRequestLetter.ascx.cs.

**2.12.49.4 Clarifications**

No associated clarifications found.

**2.12.49.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.22	Web Page

**2.12.49.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderReportsandLetters-Letters.ascx	Internal Page	Provider Reports and Letters - Letters

**2.12.49.7 Change Order Status**

Status	Date
Change Order Written	01/09/2006

Status	Date
Model Office Implemented	01/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.50 Core 9702 T\_REF\_UCC 1 - 1920**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1920	Change Order		Provider Data Maintenance			2

**2.12.50.1 Desired Solution**

See Core CO 9702 all documentation is updated on this CO

Add additional columns/attributes (that is, rate type) to the t\_ref\_ucc table to support the reimbursement rules assignment.

**2.12.50.2 Business Impact**

See Core CO 9702 all documentation is updated on this CO

**2.12.50.3 Technical Specifications**

See Core CO 9702 all documentation is updated on this CO

Add Cde\_rate type, Modifier 2, Modifier 3, Modifier 4, and Dte\_inactive

Remove Cde\_status1

Evaluate Sak\_short (not sure if this is necessary)

Rename NUM\_UCC\_RATE to AMT\_UCC\_RATE

Expand AMT\_UCC\_RATE to 9,2 from 6,2

**2.12.50.4 Clarifications**

No associated clarifications found.

**2.12.50.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

**2.12.50.6 Associated System Objects**

Technical Name	Object Type	Title
T_REF_UCC	Database Table	

**2.12.50.7 Change Order Status**

Status	Date
Change Order Written	01/11/2006
Ready for Model Office	05/01/2006
Model Office Implemented	05/10/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.51 Core 9703 T\_REF\_UCC 2 - 1921**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1921	Change Order		Provider Data Maintenance			2

**2.12.51.1 Desired Solution**

See Core CO 9703 all documentation is updated on this CO

Add rate type to table T\_REF\_UCC to support the reimbursement rules assignment.

**2.12.51.2 Business Impact**

See Core CO 9703 all documentation is updated on this CO

**2.12.51.3 Technical Specifications**

See Core CO 9703 all documentation is updated on this CO

Modify Prov.ProviderCustomaryCharge.acsx (Customary Charge) to apply the following t\_ref\_ucc table changes:

Add Cde\_rate type, Modifier 2, Modifier 3, Modifier 4, and Dte\_inactive  
Remove Cde\_status1  
Evaluate Sak\_short (not sure if this is necessary)  
Rename NUM\_UCC\_RATE to AMT\_UCC\_RATE  
Expand AMT\_UCC\_RATE to 9,2 from 6,2

**2.12.51.4 Clarifications**

No associated clarifications found.

**2.12.51.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

**2.12.51.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderCustomaryCharge	Panel	Provider Customary Charge

**2.12.51.7 Change Order Status**

Status	Date
Change Order Written	01/11/2006
Ready for Model Office	05/11/2006
Model Office Implemented	05/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.52 Electronic Billing Ind - 2035**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2035	Change Order		Provider Data Maintenance			1

**2.12.52.1 Desired Solution**

Create an indicator named ind\_electronic\_billing on the KY version of t\_pr\_svc\_loc. This flag is populated through the interface with First Health and appears on the Service Location panel.

**2.12.52.2 Business Impact**

There are forms that need to be filled out during or after provider enrollment. If these forms are filled out, a user sets the provider's flag for electronic billing. After enrollment, the provider calls the EDI Help Desk and asks to be set up for EDI. The first thing the EDI Help Desk personnel do is check the online system to see if this flag is turned on. The flag is turned on when First Health has received the electronic billing form (Commonwealth form). If the flag is not turned on, we ask them to talk to provider enrollment (First Health) to get the right paperwork. We're not involved in the paperwork, we just check the flag.

**2.12.52.3 Technical Specifications**

N/A

**2.12.52.4 Clarifications**

No associated clarifications found.

**2.12.52.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.3	Web Page

**2.12.52.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderMaintenanceServiceLocation.ascx	Panel	Provider Maintenance Service Location

**2.12.52.7 Change Order Status**

Status	Date
Change Order Written	02/02/2006
Ready for Model Office	05/01/2006
Model Office Implemented	05/10/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.53 Change Provider Id to Number - 2037**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2037	Change Order		Provider Data Maintenance			1

**2.12.53.1 Desired Solution**

The Provider ID tag needs to be replaced with Provider Number.

**2.12.53.2 Business Impact**

N/A

**2.12.53.3 Technical Specifications**

Scan all .net code to replace the Provider ID tag name with the variable for Provider Number.

**2.12.53.4 Clarifications**

No associated clarifications found.

**2.12.53.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.12	Web Page

**2.12.53.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderSearch.ascx	Panel	Provider Search
Prov.ProviderInformation.ascx	Panel	Provider Information

**2.12.53.7 Change Order Status**

Status	Date
SE Assigned	02/03/2006
Construction in Progress	05/31/2006
Ready for Model Office	06/21/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.54 Provider Inactive Indicator - 2093**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2093	Change Order		Provider Data Maintenance			1

**2.12.54.1 Desired Solution**

There is a need to be able to exempt single providers from the De-Activate process.

To accomplish this, an indicator is needed on the T\_PR\_SVC\_LOC\_STATE table to identify these providers.

**2.12.54.2 Business Impact**

The customer needs to exempt certain providers from the de-activation process. The process de-activates providers that meet certain criteria, such as not submitting a claim in the past 24 months. Some providers see Medicaid members but do not submit claims. These are identified individually on the Provider Service Location panel.

**2.12.54.3 Technical Specifications**

Add the following field to the T\_PR\_SVC\_LOC\_STATE table:

IND\_EXEMPT\_DEACTIV - Exempt this provider from the de-activation process.

Add a Yes/No field to the Provider Service Location panel. The tag name is: Exempt from De-Activation.

The Provider Deactivation process and reports are updated to not include providers that have this indicator set to a Y.

Also add the following fields from the new table T\_PR\_SVC\_LOC\_STATE:

- NUM\_FYE\_MONTH - See change order 260;
- IND\_OOS - Out of State Type (values 0 - 4, default is 0);
- CDE\_CONTACT\_PREF - Contact Preference - values are E, F, P (Electronic, Paper, Fax) default to Paper;
- IND\_PAPER\_ALLOW - Allow Paper - Yes or No. Default is Yes;
- IND\_ELEC\_BILLER - Qualified Elec Biller - Yes or No. Default to No; and,
- IND\_EXEMPT\_DEACTIV - Exempt from auto De-Activation - Values are Yes and No. Default to No.

Provider 64093198 (Sheridan) is converted with an ind\_exempt\_deactiv to 'Y'.

**2.12.54.4 Clarifications**

Provider number **64093198 (Sheridan)**. This physician is with the Department for Juvenile Justice. He performs exams on kids entering the system, and he does not charge for the exam. However, he needs to be able to refer these kids to other Medicaid physicians if there are problems. **This provider needs the exemption indicator turned on upon conversion.**

**2.12.54.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.5	Report

**2.12.54.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderServiceLocation.ascx	Panel	Provider Service Location
PRV-0501-Q	Report	Deactivate Provider Report
PRV-0500-Q	Report	Provider Activity - Inactivity Report
PRVJQ501	Batch Job	Deactivate Providers

**2.12.54.7 Change Order Status**

Status	Date
Issue Identified	02/20/2006
Sign-Off Requested	02/20/2006
Change Order Written	02/21/2006
Ready for Model Office	04/21/2006
Model Office Implemented	05/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.55 PBA Provider Extract - 2097**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2097	Change Order		Provider Data Maintenance		60.00	1

**2.12.55.1 Desired Solution**

Create a provider extract to be sent to the PBA.

**2.12.55.2 Business Impact**

N/A

**2.12.55.3 Technical Specifications**

Create a daily extract from the provider data to be sent to the PBA. All providers that have data changed since the last time the file was produced are included in the extract.

The layout of the output file is listed in the Input/Output section of the PWB under PBA Provider Extract.

A copy of the mainframe code is included in the supplemental documentation.

**2.12.55.4 Clarifications**

No associated clarifications found.

**2.12.55.5 Associated Requirements**

Requirement ID	Type
30.110.003.012	Interfaces - Outbound

**2.12.55.6 Associated System Objects**

Technical Name	Object Type	Title
PRVJD865	Batch Job	PBA Provider File Extract
prvp865d	Program	PBA Provider File Extract

**2.12.55.7 Change Order Status**

Status	Date
Issue Identified	02/20/2006
Change Order Written	02/20/2006
Task Assigned	02/21/2006
Define/Analyze In Progress	02/21/2006
Construction in Progress	02/27/2006
Unit Test in Progress (obsolete)	03/05/2006
Ready for Model Office	03/07/2006

Status	Date
Model Office Implemented	03/16/2006
Model Office Implemented	03/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.56 Prov - Inter-account indicator - 2134**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2134	Change Order		Provider Data Maintenance		20.00	1

**2.12.56.1 Desired Solution**

The legacy inter-account indicator needs to be accommodated in interChange.

Financial dictates what the final solution in Provider is.

**2.12.56.2 Business Impact**

N/A

**2.12.56.3 Technical Specifications**

The final design is dependent upon Financial.

Here is a preliminary way of storing this information with no database changes.

Inter Account Indicator. This is used for providers that are paid by a state transfer of funds. Leave blank unless the active EFT row indicates State Transfer (IND\_ACCT\_TYPE = `T'). If the EFT row indicates State Transfer, then use the values of `P' for Partnership/Passport (Provider Type = 96 or 97), `I' for Impact Plus providers (provider type = 29), and `Y' for Commonwealth Agencies (other Provider Types), otherwise the value is 'N' for No.

On the Provider Service Location panel, add a display only field named Inter Account Ind: The values for this are determined as in the above paragraph. It displays either "No", "Partnership", "Impact Plus", or "Commonwealth Agency".

Query the Active row (based on effective dates) on T\_PR\_EFT\_ACCT to determine the IND\_ACCT\_TYPE.

**2.12.56.4 Clarifications**

No associated clarifications found.

**2.12.56.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.12	Web Page

**2.12.56.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderServiceLocation.ascx	Panel	Provider Service Location

**2.12.56.7 Change Order Status**

Status	Date
Change Order Written	03/03/2006
Ready for Model Office	06/28/2006
Model Office Implemented	06/30/2006

Status	Date
Ready for Model Office	07/02/2006
Model Office Implemented	07/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.57 Prov Batch NPI Chgs - 2140**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2140	Change Order		Provider Data Maintenance		160.00	1

**2.12.57.1 Desired Solution**

Modify the KY specific batch reports for NPI.

**2.12.57.2 Business Impact**

N/A

**2.12.57.3 Technical Specifications**

The following reports need to be modified for NPI:

- PRV-0015-M;
- PRV-0016-M;
- PRV-0017-M;
- PRV-0018-R;
- PRV-0019-M;
- PRV-0020-M;
- PRV-0022-M;
- PRV-0500-Q;
- PRV-0501-Q;
- PRV-2911-M;
- PRV-3605-M; and,
- PRV-0019-M.

The Provider Number field that is now populated from t\_pr\_prov.id\_provider is now populated from t\_pr\_identifier.id\_provider. Both the ID type and provider number appears on all reports. See Provider core reports and source code for examples.

**2.12.57.4 Clarifications**

No associated clarifications found.

**2.12.57.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.6	Report

**2.12.57.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0020-M	Report	Provider Zip Code Cross Reference

Technical Name	Object Type	Title
PRV-0017-M	Report	Provider CLIA Cross Reference
PRV-0018-R	Report	Suspected Duplicate Provider Information
PRV-2911-M	Report	Provider Presumptive Eligibility Report
PRV-0016-M	Report	Provider License Number Cross Reference
PRV-0022-M	Report	Facility Bed Capacity Report
PRV-0015-M	Report	Provider FEIN-SSN Cross Reference
PRV-0501-Q	Report	Deactivate Provider Report
PRV-0500-Q	Report	Provider Activity - Inactivity Report
PRV-4402-W	Report	Newly Re-Instated Provider Report
PRV-0019-M	Report	Provider Medicare Cross Reference

**2.12.57.7 Change Order Status**

Status	Date
Change Order Written	03/08/2006
Construction in Progress	03/17/2006
Ready for Model Office	04/11/2006
Model Office Implemented	05/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.58 Output - Taxonomy Stub File - 2239**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2239	Change Order		Provider Data Maintenance		20.00	

**2.12.58.1 Desired Solution**

A new weekly stub file is needed by the Captiva data entry system. This file needs to be transferred along with the other stub files that are required by Captiva Data Capture. The stub file needs to be sorted and include the KY Taxonomy codes. The layout of the file should be: Taxonomy 1 – 10.

**2.12.58.2 Business Impact**

The stub file aids in validating taxonomy codes during the data capture process.

**2.12.58.3 Technical Specifications**

N/A

**2.12.58.4 Clarifications**

No associated clarifications found.

**2.12.58.5 Associated Requirements**

Requirement ID	Type
30.090.007.002.9	RFP Requirement
30.110.003.012	Interfaces - Outbound

**2.12.58.6 Associated System Objects**

Technical Name	Object Type	Title
prtxnstub	Program	Provider Taxonomy Stub File
PRVJW901	Batch Job	Taxonomy stub file

**2.12.58.7 Change Order Status**

Status	Date
Change Order Written	04/10/2006
Ready for Model Office	05/16/2006
Model Office Implemented	05/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.59 Restrict table Changes - 2272**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2272	Change Order		Provider Data Maintenance			1

**2.12.59.1 Desired Solution**

Create table t\_PR\_RST\_SVC\_STATE with the following data elements:

- SAK\_PROV\_LOC;
- SAK\_SHORT;
- CDE\_COUNTY;
- CDE\_GENDER;
- NUM\_AGE\_FROM; and,
- NUM\_AGE\_TO.

**2.12.59.2 Business Impact**

N/A

**2.12.59.3 Technical Specifications**

N/A

**2.12.59.4 Clarifications**

No associated clarifications found.

**2.12.59.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.13	Web Page

**2.12.59.6 Associated System Objects**

Technical Name	Object Type	Title
T_PR_RST_SVC_STATE	Database Table	

**2.12.59.7 Change Order Status**

Status	Date
Issue Identified	04/19/2006
Ready for Model Office	05/01/2006
Model Office Implemented	05/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.60 KYAmend-PR - DMS F (Change Ltr) - 2328**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2328	Change Order		Provider Data Maintenance		30.00	1

**2.12.60.1 Desired Solution**

Update letter Provider Change Notification Letter PRV-9009-R to meet KY needs.

**2.12.60.2 Business Impact**

N/A

**2.12.60.3 Technical Specifications**

Modify the base system's PRV-9009-R Provider Change letter to remove the Med Education Cot and Previous Provider Number sections. Also change the word Member to Individual in the Group sections.

**2.12.60.4 Clarifications**

No associated clarifications found.

**2.12.60.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend
30.050.003.001.22	Provider Enrollment

**2.12.60.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.60.7 Change Order Status**

Status	Date
Change Order Written	04/27/2006
SE Assigned	08/22/2006
Define/Analyze In Progress	08/23/2006
Construction in Progress	08/23/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.61 KYAmend-PR - Letter Panel - 2332**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2332	Change Order		Provider Data Maintenance		80.00	2

**2.12.61.1 Desired Solution**

Add the new Provider Letters to the Letter panel.

**2.12.61.2 Business Impact**

N/A

**2.12.61.3 Technical Specifications**

See supplemental doco for a list of provider letters.

**2.12.61.4 Clarifications**

No associated clarifications found.

**2.12.61.5 Associated Requirements**

Requirement ID	Type
30.050.003.001.22	Provider Enrollment

**2.12.61.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderReportsandLetters-Letters.ascx	Internal Page	Provider Reports and Letters - Letters

**2.12.61.7 Change Order Status**

Status	Date
Change Order Written	04/27/2006

**2.12.62 PR De-activation process - 2344**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2344	Change Order		Provider Data Maintenance			1

**2.12.62.1 Desired Solution**

Update the provider de-activation for non-activity process and report to exclude provider type 29 and to exclude providers that have t\_pr\_svc\_loc\_state.ind\_exempt\_deactiv = 'Y'.

Also ensure that both the process and report are NPI compliant, meaning they utilize sak\_prov\_loc instead of cde\_service\_loc in the sql.

**2.12.62.2 Business Impact**

N/A

**2.12.62.3 Technical Specifications**

This is an amendment to completed change orders 126 and 186.

These two extra exemptions were requested by Patty Sewell.

**2.12.62.4 Clarifications**

No associated clarifications found.

**2.12.62.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.5	Report
30.090.003.003.4	Report

**2.12.62.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0500-Q	Report	Provider Activity - Inactivity Report
PRV-0501-Q	Report	Deactivate Provider Report

**2.12.62.7 Change Order Status**

Status	Date
SE Assigned	05/01/2006
Change Order Written	05/01/2006
Design Complete	05/02/2006
Construction in Progress	05/03/2006
Ready for Model Office	05/05/2006
Model Office Implemented	05/16/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

**2.12.63 AEVS Provider Verification - XML - 2397**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2397	Change Order		Provider Data Maintenance			

**2.12.63.1 Desired Solution**

Create a service that accepts real time AVR request transactions via IP/TCP in an XML format. Parse the data and use it to query and update the database as requested. Send a response transaction back through the same channels, confirming receipt and the status of the update.

**2.12.63.2 Business Impact**

N/A

**2.12.63.3 Technical Specifications**

Create an XML file with the attached specs

**2.12.63.4 Clarifications**

Previous transaction only verified active provider number. Added verification of active provider contract.

**2.12.63.5 Associated Requirements**

Requirement ID	Type
30.090.003.003	Report

**2.12.63.6 Associated System Objects**

Technical Name	Object Type	Title
No associated Change Orders found.		

**2.12.63.7 Change Order Status**

Status	Date
SE Assigned	05/03/2006
Define/Analyze In Progress	05/03/2006
Construction in Progress	05/04/2006
Change Order Written	05/04/2006
Ready for Model Office	05/04/2006
Ready for Model Office	06/06/2006
Model Office Implemented	06/09/2006
Ready for Model Office	10/03/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

**2.12.64 BizTalk wrapper - 2603**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2603	Change Order		Provider Data Maintenance			1

**2.12.64.1 Desired Solution**

Configure a wrapper program to accept a txn from BizTalk and feed it to the program written for CO 8.

Also read in the input txn and produce the output txn.

**2.12.64.2 Business Impact**

N/A

**2.12.64.3 Technical Specifications**

N/A

**2.12.64.4 Clarifications**

No associated clarifications found.

**2.12.64.5 Associated Requirements**

Requirement ID	Type
30.090.003.004.5	Interfaces - Outbound

**2.12.64.6 Associated System Objects**

Technical Name	Object Type	Title
prvpkmaa1	Program	KMAA Transaction processor

**2.12.64.7 Change Order Status**

Status	Date
Change Order Written	05/25/2006
Ready for Model Office	06/06/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.65 DM - Provider Rates Table - 2607**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2607	Change Order		Provider Data Maintenance			

**2.12.65.1 Desired Solution**

The provider subsystem needs to maintain multiple, provider-specific institutional and professional reimbursement rates: per diem, per unit and percentage-of-charge rates.

**2.12.65.2 Business Impact**

N/A

**2.12.65.3 Technical Specifications**

Maintain provider-specific institutional and professional reimbursement rates, including per diem and percentage amount with beginning and ending effective dates and Active and Inactive dates. Develop a new table, T\_PR\_RATE that holds provider specific institutional and professional rates for pricing methods that require provider specific rates or percentages.

Column Name	Description	Type	Length	Precision	Primary Key	Action
SAK_PROV_LOC	System assigned key that uniquely identifies the Provider Service Location.	NUMBER	9	0	Y	Add
SAK_SHORT	This is the system-assigned internal key that is 4 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y	Add
CDE_RATE_TYPE	Type of rate.	CHARACTER	3	0	N	Add
DTE_EFFECTIVE	The first date of service this rate is effective for this provider.	NUMBER	8	0	N	Add
DTE_END	The last date of service this rate is effective for this provider.	NUMBER	8	0	N	Add

AMT_RATE	The per unit, per diem, or flat rate amount for this provider.	NUMBER	9	2	N	Add
PCT_RATE	The percentage amount for this provider.	NUMBER	7	3	N	Add
DTE_ACTIVE	The processing date this rate is active for this provider.	DATE	8	0	N	Add
DTE_INACTIVE	The processing date this rate is inactive for this provider.	DATE	8	0	N	Add

**2.12.65.4 Clarifications**

CORE CO 12643 was created to facilitate the KY specific table through the data model review board process.

**2.12.65.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates
30.090.007.002.43	Claims Pricing

**2.12.65.6 Associated System Objects**

Technical Name	Object Type	Title
T_PR_RATE	Database Table	

**2.12.65.7 Change Order Status**

Status	Date
Issue Identified	05/25/2006
Change Order Written	06/07/2006
Design Complete	06/09/2006
Ready for Unit Test (obsolete)	06/16/2006
Ready for Model Office	06/23/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.66 KY DM Percent of Charges Table - 2688**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2688	Change Order		Provider Data Maintenance			

**2.12.66.1 Desired Solution**

There are situations when the Commonwealth chooses to price institutional claims by a percentage of billed charges. The percentage is assigned based on the combination of member ID, billing provider ID, and claim service dates. This is often used for out of state organ transplant claims.

**2.12.66.2 Business Impact**

This eliminates the need to suspend a claim for manual review and pricing, since the rate the provider paid is normally determined prior to the provision of the service.

**2.12.66.3 Technical Specifications**

Develop a new table, T\_PR\_CONTRACT\_RATE that holds contracted provider percentages for institutional claims. The contracted percentage only applies to claims submitted by the provider for the member and service dates on the row.

Column Name	Description	Type	Length	Precision	Primary Key	Action
SAK_PROV_LOC	System assigned key that uniquely identifies the Provider Service Location.	NUMBER	9	0	Y	Add
SAK_SHORT	This is the system-assigned internal key that is 4 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y	Add
SAK_RECIP	The system assigned internal key for a unique recipient.	NUMBER	9	0	N	Add
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system. Valid values are I for inpatient and O for outpatient	CHARACTER	1	0	N	Add
DTE_FIRST_SVC	The first date of service this rate is effective.	NUMBER	8	0	N	Add

DTE_LAST_SVC	The last date of service this rate is effective.	NUMBER	8	0	N	Add
PCT_CONTRACT_RATE	The percentage amount for this claim that has been contracted by the Commonwealth with the provider of the services.	NUMBER	6	3	N	Add

**2.12.66.4 Clarifications**

CORE CO 12813 was created to facilitate the KY specific table through the data model review board process.

**2.12.66.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates
30.090.007.002.43	Claims Pricing

**2.12.66.6 Associated System Objects**

Technical Name	Object Type	Title
T_PR_CONTRACT_RATE	Database Table	

**2.12.66.7 Change Order Status**

Status	Date
Change Order Written	06/02/2006
Design Complete	06/09/2006
Ready for Unit Test (obsolete)	06/16/2006
Ready for Model Office	06/23/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.67 KY UI Provider Contract Panel - 2693**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2693	Change Order		Provider Data Maintenance			

**2.12.67.1 Desired Solution**

There are situations when the Commonwealth chooses to price institutional claims by a percentage of billed charges. The percentage is assigned based on the combination of member id, billing provider id, and claim service dates. This is often used for out of state organ transplant claims.

**2.12.67.2 Business Impact**

N/A

**2.12.67.3 Technical Specifications**

Create a new panel in the provider subsystem that allows users to view and maintain data on the T\_PR\_CONTRACT\_RATE table.

**2.12.67.4 Clarifications**

No associated clarifications found.

**2.12.67.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

**2.12.67.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderContractRatePanel.ascx	Panel	Provider Contract Rate

**2.12.67.7 Change Order Status**

Status	Date
Issue Identified	06/02/2006
Ready for Model Office	06/28/2006
Model Office Implemented	06/30/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.68 Provider Report Routing - 2700**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2700	Change Order		Provider Data Maintenance			1

**2.12.68.1 Desired Solution**

Add a new step to each report job to copy the report file to the routing directory.

**2.12.68.2 Business Impact**

N/A

**2.12.68.3 Technical Specifications**

Use the Copy2RouteDir function to copy the report file to the routing directory. This makes the COLD jobs unnecessary.

**2.12.68.4 Clarifications**

No associated clarifications found.

**2.12.68.5 Associated Requirements**

Requirement ID	Type
30.090.003.003.1	Report

**2.12.68.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0015-M	Report	Provider FEIN-SSN Cross Reference

**2.12.68.7 Change Order Status**

Status	Date
SE Assigned	06/05/2006
Define/Analyze In Progress	06/07/2006
Construction in Progress	06/07/2006
Ready for Unit Test (obsolete)	06/08/2006
Unit Test in Progress (obsolete)	06/09/2006
Ready for Construction Walkthrough	06/09/2006
Ready for Model Office	06/09/2006
Model Office Implemented	06/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.69 UI - Provider Rates Panel - 2712**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2712	Change Order		Provider Data Maintenance	40.00		1

**2.12.69.1 Desired Solution**

The provider subsystem needs to maintain multiple, provider-specific institutional and professional reimbursement rates: per diems, per unit and percentage-of-charge rates.

**2.12.69.2 Business Impact**

N/A

**2.12.69.3 Technical Specifications**

Maintain provider-specific institutional and professional reimbursement rates, including per diem and percentage amount with beginning and ending effective dates and Active and Inactive dates. Develop a new panel named Provider Rate that to gather provider specific institutional and professional rates for pricing methods that require provider specific rates or percentages.

Inactive date defaults to 22991231.

Active date defaults to the system date and time.

cde\_rate\_type must show the full description.

The rate and percent can both be entered on the same row; at least one of these is always required.

Rows with the same rate type cannot have overlapping effective dates.

**2.12.69.4 Clarifications**

No associated clarifications found.

**2.12.69.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.18	Provider Specific Rates

**2.12.69.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ProviderRatePanel.ascx	Panel	Provider Rate

**2.12.69.7 Change Order Status**

Status	Date
SE Assigned	06/06/2006
Ready for Model Office	06/19/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

**2.12.70 PR Captiva Stub Files - 2728**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2728	Change Order		Provider Data Maintenance			1

**2.12.70.1 Desired Solution**

Modify the provider stub file for Captiva and output the data file to the \$DATADIR/provider/outbound/captiva directory.

**2.12.70.2 Business Impact**

N/A

**2.12.70.3 Technical Specifications**

Alter the Provider taxonomy stub file job to output to the same data directory.

**2.12.70.4 Clarifications**

No associated clarifications found.

**2.12.70.5 Associated Requirements**

Requirement ID	Type
30.090.007.002.9	RFP Requirement
30.110.003.012	Interfaces - Outbound

**2.12.70.6 Associated System Objects**

Technical Name	Object Type	Title
PRVJW900	Batch Job	Produce Weekly Provider Stub File For NECS
PRVJW901	Batch Job	Taxonomy stub file

**2.12.70.7 Change Order Status**

<b>Status</b>	<b>Date</b>
SE Assigned	06/07/2006
Ready for Model Office	06/07/2006
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.71 Inactive Provider FH Interface - 2730**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2730	Change Order		Provider Data Maintenance			1

**2.12.71.1 Desired Solution**

Create an extract from the Inactive Provider Report containing the following data: Medicaid Provider Number, Termination Date, and termination status ("I").

**2.12.71.2 Business Impact**

N/A

**2.12.71.3 Technical Specifications**

Also make sure the following criteria are built into the selection process:

- If the provider type = 13, 29, 45, 60, or 61, we do not shut them down;
- If the provider type = 64, or 65 and they are in zip code area of 405\*\*, we do not shut them down;
- If it's an out of state provider and it's not a provider type 01, we do not shut them down;
- If provider type = 01, and is located in these states IL, IN, MO, OH, TN, VA, or WV, we do not shut them down. All other states we do shut down); and,
- If they have a credit balance, we report the balance and do not shut them down (these remain on the report but not on the file).

Direct the interface output file to the directory \$DATADIR/provider/outbound/firsthealth.

Make sure the criteria matches on the prvp500q and prvp501q programs. Prvp501q is used to deactivate providers in interChange if for some reason FIQM cannot do it (contingency). Ensure that prvp501q excludes providers with a credit balance.

**2.12.71.4 Clarifications**

No associated clarifications found.

**2.12.71.5 Associated Requirements**

Requirement ID	Type
30.090.003.002.5	Report
30.090.003.003.4	Report

**2.12.71.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-0501-Q	Report	Deactivate Provider Report
PRV-0500-Q	Report	Provider Activity - Inactivity Report

**2.12.71.7 Change Order Status**

Status	Date
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Status	Date
Change Order Written	06/08/2006
Construction in Progress	06/15/2006
SE Assigned	06/15/2006
Define/Analyze In Progress	06/15/2006
Ready for Construction Walkthrough	06/20/2006
Ready for Model Office	06/21/2006
Model Office Implemented	06/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.72 KYAmend-KAPER Menu - 2852**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2852	Change Order		Provider Data Maintenance	15.00		2

**2.12.72.1 Desired Solution**

Create an option on the Application Information Maintenance menu labeled KAPER. Create a new KAPER Form Maintenance menu with the following links (menu options):

- Section 1 Personal Information and Professional IDs;
- Section 2 Education and Training;
- Section 3 Professional / Medial Specialty Information;
- Section 4 Practice Location Information;
- Section 5 Hospital Affiliations;
- Section 6 Professional Liability;
- Section 7 Work History and References; and,
- Section 8 Disclosure Questions.

**2.12.72.2 Business Impact**

N/A

**2.12.72.3 Technical Specifications**

N/A

**2.12.72.4 Clarifications**

No associated clarifications found.

**2.12.72.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.72.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.72.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
Deferred	02/03/2007

**2.12.73 KYAmend-KAPER Provider Type - 2853**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2853	Change Order		Provider Data Maintenance	20.00		2

**2.12.73.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Provider Type information.

See the KAPER Form for more detail.

**2.12.73.2 Business Impact**

N/A

**2.12.73.3 Technical Specifications**

N/A

**2.12.73.4 Clarifications**

No associated clarifications found.

**2.12.73.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.73.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.73.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.74 KYAmend-KAPER Provider Name - 2854**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2854	Change Order		Provider Data Maintenance	20.00		2

**2.12.74.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Provider Name information.

See the KAPER Form for more detail.

**2.12.74.2 Business Impact**

N/A

**2.12.74.3 Technical Specifications**

N/A

**2.12.74.4 Clarifications**

No associated clarifications found.

**2.12.74.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.74.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.74.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.75 KYAmend-KAPER General Info - 2855**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2855	Change Order		Provider Data Maintenance	20.00		2

**2.12.75.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER General Information data.

See the KAPER Form for more detail.

**2.12.75.2 Business Impact**

N/A

**2.12.75.3 Technical Specifications**

N/A

**2.12.75.4 Clarifications**

No associated clarifications found.

**2.12.75.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.75.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.75.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.76 KYAmend-KAPER Home and Contact - 2856**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2856	Change Order		Provider Data Maintenance	20.00		2

**2.12.76.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Home Address data as well as the contact info (email, fax, preferred method).

See the KAPER Form for more detail.

**2.12.76.2 Business Impact**

N/A

**2.12.76.3 Technical Specifications**

N/A

**2.12.76.4 Clarifications**

No associated clarifications found.

**2.12.76.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.76.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.76.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.77 KYAmend-KAPER Professional Ids - 2857**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2857	Change Order		Provider Data Maintenance	60.00		2

**2.12.77.1 Desired Solution**

Create maintenance panels opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. These three panels are used to maintain the KAPER DEA, CDS and State License Number data.

See the KAPER Form for more detail.

**2.12.77.2 Business Impact**

N/A

**2.12.77.3 Technical Specifications**

N/A

**2.12.77.4 Clarifications**

No associated clarifications found.

**2.12.77.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.77.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.77.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.78 KYAmend-KAPER Other ID Numbers - 2858**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2858	Change Order		Provider Data Maintenance	40.00		2

**2.12.78.1 Desired Solution**

Create maintenance panels opened when the KAPER Selection 1 option is chosen from the KAPER Maintenance Menu. These two panels are used to maintain the KAPER Other ID Numbers and the ECFMG.

See the KAPER Form for more detail.

The same panel is used to maintain the following Other Numbers:

- Medicare;
- UPIN;
- Medicaid - state is required;
- NPI;
- USMLE; and,
- Workers Comp.

ECFMG is maintained on its own panel.

**2.12.78.2 Business Impact**

N/A

**2.12.78.3 Technical Specifications**

N/A

**2.12.78.4 Clarifications**

No associated clarifications found.

**2.12.78.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.78.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.78.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006

Status	Date
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.79 KYAmend-KAPER Section 1 - 2859**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2859	Change Order		Provider Data Maintenance	30.00		2

**2.12.79.1 Desired Solution**

Open up all panels used to maintain data in Section 1 Personal Information and Professional IDs when this menu option is selected. These include

- KAPER Provider Type CO2853;
- Name CO 2854;
- General Information CO 2855;
- Home Address CO 2856;
- Professional Ids CO 2857; and,
- Other ID Numbers CO 2858.

**2.12.79.2 Business Impact**

N/A

**2.12.79.3 Technical Specifications**

N/A

**2.12.79.4 Clarifications**

No associated clarifications found.

**2.12.79.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.79.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.79.7 Change Order Status**

Status	Date
Issue Identified	06/19/2006
SE Assigned	08/01/2006
Ready for Model Office	09/29/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

**2.12.80 KYAmend-KAPER Undergrad School - 2885**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2885	Change Order		Provider Data Maintenance	20.00		2

**2.12.80.1 Desired Solution**

Create maintenance panels opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Undergraduate school data.

See the KAPER Form for more detail.

**2.12.80.2 Business Impact**

N/A

**2.12.80.3 Technical Specifications**

N/A

**2.12.80.4 Clarifications**

No associated clarifications found.

**2.12.80.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.80.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.80.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Construction in Progress	09/27/2006
Ready for Model Office	09/27/2006
Model Office Implemented	10/06/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.81 KYAmend-KAPER Graduate Type - 2886**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2886	Change Order		Provider Data Maintenance	20.00		2

**2.12.81.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Graduation Type data.

See the KAPER Form for more detail.

**2.12.81.2 Business Impact**

N/A

**2.12.81.3 Technical Specifications**

N/A

**2.12.81.4 Clarifications**

No associated clarifications found.

**2.12.81.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.81.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.81.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	11/06/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

**2.12.82 KYAmend-KAPER US or Can School - 2887**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2887	Change Order		Provider Data Maintenance	20.00		2

**2.12.82.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER US or Canadian School data.

See the KAPER Form for more detail.

**2.12.82.2 Business Impact**

N/A

**2.12.82.3 Technical Specifications**

N/A

**2.12.82.4 Clarifications**

No associated clarifications found.

**2.12.82.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.82.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.82.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	11/06/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

**2.12.83 KYAmend-KAPER Non-US or Can Sch - 2888**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2888	Change Order		Provider Data Maintenance	20.00		2

**2.12.83.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Non-US or Canadian School data.

See the KAPER Form for more detail.

**2.12.83.2 Business Impact**

N/A

**2.12.83.3 Technical Specifications**

N/A

**2.12.83.4 Clarifications**

No associated clarifications found.

**2.12.83.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.83.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.83.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	11/06/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

**2.12.84 KYAmend-KAPER Training - 2889**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2889	Change Order		Provider Data Maintenance	20.00		2

**2.12.84.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Training data.

See the KAPER Form for more detail.

**2.12.84.2 Business Impact**

N/A

**2.12.84.3 Technical Specifications**

N/A

**2.12.84.4 Clarifications**

No associated clarifications found.

**2.12.84.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.84.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.84.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	11/06/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

**2.12.85 KYAmend-KAPER Internship - 2890**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2890	Change Order		Provider Data Maintenance	20.00		2

**2.12.85.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 2 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Internship and Residency data.

See the KAPER Form for more detail.

**2.12.85.2 Business Impact**

N/A

**2.12.85.3 Technical Specifications**

N/A

**2.12.85.4 Clarifications**

No associated clarifications found.

**2.12.85.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.85.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.85.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	11/06/2006
Model Office Implemented	11/10/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

**2.12.86 KYAmend-KAPER Section 2 - 2891**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2891	Change Order		Provider Data Maintenance	20.00		2

**2.12.86.1 Desired Solution**

Open up all panels used to maintain data in Section 2 Education and Training when this menu option is selected. These include

- Undergraduate school CO2885;
- Graduate Type CO 2886;
- US or Canadian School CO 2887;
- NON US or Canadian School CO 2888;
- Training CO 2889; and,
- Internship and Residency CO 2890.

**2.12.86.2 Business Impact**

N/A

**2.12.86.3 Technical Specifications**

N/A

**2.12.86.4 Clarifications**

No associated clarifications found.

**2.12.86.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.86.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.86.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Construction in Progress	08/18/2006
Ready for Model Office	08/18/2006
Model Office Implemented	09/08/2006

Status	Date
UAT Implemented	11/01/2006
Change Order Written	02/02/2007
Deferred	02/03/2007

**2.12.87 KYAmend-KAPER Primary Specialty - 2892**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2892	Change Order		Provider Data Maintenance	20.00		2

**2.12.87.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Primary Specialty data.

See the KAPER Form for more detail.

**2.12.87.2 Business Impact**

N/A

**2.12.87.3 Technical Specifications**

N/A

**2.12.87.4 Clarifications**

Panel created for KAPER Primary Specialty details

**2.12.87.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.87.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.87.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.88 KYAmend-KAPER Second Specialty - 2893**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2893	Change Order		Provider Data Maintenance	20.00		2

**2.12.88.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Secondary Specialty data.

See the KAPER Form for more detail.

**2.12.88.2 Business Impact**

N/A

**2.12.88.3 Technical Specifications**

N/A

**2.12.88.4 Clarifications**

Panel created for KAPER Secondary Specialty details

**2.12.88.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.88.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.88.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.89 KYAmend-KAPER Certifications - 2894**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2894	Change Order		Provider Data Maintenance	20.00		2

**2.12.89.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Certification data.

See the KAPER Form for more detail.

**2.12.89.2 Business Impact**

N/A

**2.12.89.3 Technical Specifications**

N/A

**2.12.89.4 Clarifications**

Panel created for KAPER Certification details

**2.12.89.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.89.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.89.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.90 KYAmend-KAPER Practice Interest - 2895**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2895	Change Order		Provider Data Maintenance	20.00		2

**2.12.90.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Practice Interest (free form text) data.

See the KAPER Form for more detail.

**2.12.90.2 Business Impact**

N/A

**2.12.90.3 Technical Specifications**

N/A

**2.12.90.4 Clarifications**

Panel created for KAPER Practice Interests details

**2.12.90.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.90.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.90.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.91 KYAmend-KAPER Primary Cred Cont - 2896**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2896	Change Order		Provider Data Maintenance	20.00		2

**2.12.91.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 3 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the KAPER Primary Credentialing contact data.

See the KAPER Form for more detail.

**2.12.91.2 Business Impact**

N/A

**2.12.91.3 Technical Specifications**

N/A

**2.12.91.4 Clarifications**

Panel created for KAPER Primary Credentialing contact details

**2.12.91.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.91.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.91.7 Change Order Status**

Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.92 KYAmend-KAPER Section 3 - 2897**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2897	Change Order		Provider Data Maintenance	20.00		2

**2.12.92.1 Desired Solution**

Open up all panels used to maintain data in Section 3 Professional / Medical Specialty Information when this menu option is selected. These include

- Primary Specialty CO2892;
- Secondary Specialty CO 2893;
- Certifications CO 2894;
- Practice Interests CO 2895; and,
- Primary Credentialing Contact CO 2896.

**2.12.92.2 Business Impact**

N/A

**2.12.92.3 Technical Specifications**

N/A

**2.12.92.4 Clarifications**

Open up all panels used to maintain data in Section 3 Professional/ Medical Specialty Information when this menu option is selected. These include

- Primary Specialty CO2892;
- Secondary Specialty CO 2893;
- Certifications CO 2894;
- Practice Interests CO 2895; and,
- Primary Credentialing Contact CO 2896.

**2.12.92.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.92.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.92.7 Change Order Status**

Status	Date
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Status	Date
Issue Identified	06/22/2006
SE Assigned	08/01/2006
Ready for Model Office	09/25/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.93 KYAmend-PR - DMS A (Welcome) - 2900**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2900	Change Order		Provider Data Maintenance	40.00		2

**2.12.93.1 Desired Solution**

Modify PRV-9008-R (Provider Welcome Letter) for KY needs.

**2.12.93.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.93.3 Technical Specifications**

N/A

**2.12.93.4 Clarifications**

No associated clarifications found.

**2.12.93.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.93.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9008-R	Report	Provider Welcome Letter

**2.12.93.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Define/Analyze In Progress	08/21/2006
Construction in Progress	08/21/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.94 KYAmend-PR - DMS C (CHOW) - 2901**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2901	Change Order		Provider Data Maintenance	40.00		2

**2.12.94.1 Desired Solution**

Create this letter for interChange.

**2.12.94.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.94.3 Technical Specifications**

New Letter Name is PRV-9103-R

**2.12.94.4 Clarifications**

No associated clarifications found.

**2.12.94.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.94.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9103-R	Report	Provider Change of Ownership with Bed Data

**2.12.94.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Define/Analyze In Progress	08/21/2006
Construction in Progress	08/21/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.95 KYAmend-PR - DMS D (Prov # Ext) - 2902**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2902	Change Order		Provider Data Maintenance	40.00		2

**2.12.95.1 Desired Solution**

Create this letter for interChange.

**2.12.95.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.95.3 Technical Specifications**

New Letter Name is PRV-9104-R

**2.12.95.4 Clarifications**

No associated clarifications found.

**2.12.95.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.95.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9104-R	Report	Provider Date Extension

**2.12.95.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Define/Analyze In Progress	08/21/2006
Construction in Progress	08/21/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.96 KYAmend-PR - DMS M (No Billing) - 2906**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2906	Change Order		Provider Data Maintenance	40.00		2

**2.12.96.1 Desired Solution**

Create this letter for interChange.

**2.12.96.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.96.3 Technical Specifications**

New Letter Name is PRV-9113-R

**2.12.96.4 Clarifications**

No associated clarifications found.

**2.12.96.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.96.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9113-R	Report	No Billing for 24 months

**2.12.96.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Construction in Progress	08/28/2006
Model Office Implemented	08/31/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.97 KYAmend-PR - DMS N (License Req) - 2907**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2907	Change Order		Provider Data Maintenance	40.00		2

**2.12.97.1 Desired Solution**

Create this letter for interChange.

**2.12.97.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.97.3 Technical Specifications**

New Letter Name is PRV-9114-R

**2.12.97.4 Clarifications**

No associated clarifications found.

**2.12.97.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.97.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9114-R	Report	License Certificate Request

**2.12.97.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Construction in Progress	08/28/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.98 KYAmend-PR - DMS I (ADO not rec) - 2911**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2911	Change Order		Provider Data Maintenance	40.00		2

**2.12.98.1 Desired Solution**

Create this letter for interChange.

**2.12.98.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.98.3 Technical Specifications**

Create the cover letter - page 1 only.

New Letter Name is PRV-9109-R

**2.12.98.4 Clarifications**

No associated clarifications found.

**2.12.98.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.98.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9109-R	Report	Annual Disclosure of Ownership not received

**2.12.98.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Construction in Progress	08/18/2006
Ready for Model Office	08/22/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.99 KYAmend-PR - LTR 012 (Bed) - 2912**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2912	Change Order		Provider Data Maintenance	40.00		2

**2.12.99.1 Desired Solution**

Create this letter for interChange.

**2.12.99.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.99.3 Technical Specifications**

New Letter Name is PRV-9212-R

**2.12.99.4 Clarifications**

No associated clarifications found.

**2.12.99.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.99.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9212-R	Report	New Enrollee with Bed List

**2.12.99.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Define/Analyze In Progress	08/18/2006
Construction in Progress	08/21/2006
Ready for Model Office	08/22/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.100 KYAmend-PR - LTR QMB - 2913**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2913	Change Order		Provider Data Maintenance	40.00		2

**2.12.100.1 Desired Solution**

Create this letter for interChange.

**2.12.100.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.100.3 Technical Specifications**

New Letter Name is PRV-9127-R

**2.12.100.4 Clarifications**

No associated clarifications found.

**2.12.100.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.100.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9127-R	Report	QMB Provider Agreement Letter

**2.12.100.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Construction in Progress	08/18/2006
Ready for Model Office	08/22/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.101 KYAmend-PR - LTR PA (Asst EnrII) - 2914**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2914	Change Order		Provider Data Maintenance	40.00		2

**2.12.101.1 Desired Solution**

Create this letter for interChange.

**2.12.101.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.101.3 Technical Specifications**

New Letter Name is PRV-9128-R

**2.12.101.4 Clarifications**

No associated clarifications found.

**2.12.101.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.101.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9128-R	Report	Physician Assistant Approval Letter

**2.12.101.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/15/2006
Construction in Progress	08/18/2006
Ready for Model Office	08/22/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.102 KYAmend-PR - ADO Letter - 2918**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2918	Change Order		Provider Data Maintenance	40.00		2

**2.12.102.1 Desired Solution**

Create this letter for interChange.

**2.12.102.2 Business Impact**

See Supplemental Documentation for an electronic version of this letter.

**2.12.102.3 Technical Specifications**

New Letter Name is PRV-9100-R

**2.12.102.4 Clarifications**

No associated clarifications found.

**2.12.102.5 Associated Requirements**

Requirement ID	Type
2913	KY Amend

**2.12.102.6 Associated System Objects**

Technical Name	Object Type	Title
PRV-9100-R	Report	Provider Annual Disclosure of Ownership Letter

**2.12.102.7 Change Order Status**

Status	Date
Issue Identified	06/23/2006
SE Assigned	08/22/2006
Define/Analyze In Progress	08/23/2006
Construction in Progress	08/23/2006
Ready for Model Office	08/29/2006
Model Office Implemented	09/08/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.103 KYAmend-KAPER Primary Pract Loc - 2937**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2937	Change Order		Provider Data Maintenance	40.00		2

**2.12.103.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Primary Practice Location.

Table is T\_KAPER\_PRACTICE\_LOC. Note: a provider may have multiple practice locations.

See the KAPER Form for more detail.

**2.12.103.2 Business Impact**

N/A

**2.12.103.3 Technical Specifications**

N/A

**2.12.103.4 Clarifications**

No associated clarifications found.

**2.12.103.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.103.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.103.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.104 KYAmend-KAPER Office Manager - 2938**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2938	Change Order		Provider Data Maintenance	40.00		2

**2.12.104.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Office Manager data.

Table name is T\_KAPER\_OFF\_MGR. Multiple rows may be entered.

See the KAPER Form for more detail.

**2.12.104.2 Business Impact**

N/A

**2.12.104.3 Technical Specifications**

N/A

**2.12.104.4 Clarifications**

No associated clarifications found.

**2.12.104.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.104.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.104.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.105 KYAmend-KAPER Billing Contact - 2939**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2939	Change Order		Provider Data Maintenance	40.00		2

**2.12.105.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Billing Contact data.

Table is T\_KAPER\_CONTACT. The field cde\_contact\_type is hard\_coded with a value of 'B' for Billing.

See the KAPER Form for more detail.

**2.12.105.2 Business Impact**

N/A

**2.12.105.3 Technical Specifications**

N/A

**2.12.105.4 Clarifications**

No associated clarifications found.

**2.12.105.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.105.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.105.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.106 KYAmend-KAPER Payment and Remit - 2940**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2940	Change Order		Provider Data Maintenance	40.00		2

**2.12.106.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Payment and Remittance data.

There can be only one pay-to name and address so a list portion of the panel is not needed. The top three fields are in the t\_kaper\_general\_info table and are updated only (no inserts). The bottom fields are inserted into t\_kaper\_contract with a cde\_contract\_type = 'P'.

See the KAPER Form for more detail.

**2.12.106.2 Business Impact**

N/A

**2.12.106.3 Technical Specifications**

N/A

**2.12.106.4 Clarifications**

No associated clarifications found.

**2.12.106.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.106.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.106.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.107 KYAmend-KAPER Office Hours - 2941**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2941	Change Order		Provider Data Maintenance	40.00		2

**2.12.107.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Office Hour data.

Table is T\_KAPER\_OFFICE\_HOURS. Require four bytes to be entered for the time but allow spaces. For example, 8 AM should be entered as 0800 A.

See the KAPER Form for more detail.

**2.12.107.2 Business Impact**

N/A

**2.12.107.3 Technical Specifications**

N/A

**2.12.107.4 Clarifications**

No associated clarifications found.

**2.12.107.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.107.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.107.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.108 KYAmend-KAPER Open Practice Stat - 2942**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2942	Change Order		Provider Data Maintenance	40.00		2

**2.12.108.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Open Practice Status data.

Table is T\_KAPER\_PRACTICE\_STATUS.

See the KAPER Form for more detail.

**2.12.108.2 Business Impact**

N/A

**2.12.108.3 Technical Specifications**

N/A

**2.12.108.4 Clarifications**

No associated clarifications found.

**2.12.108.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.108.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.108.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.109 KYAmend-KAPER Mid Level Pract - 2943**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2943	Change Order		Provider Data Maintenance	40.00		2

**2.12.109.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Mid-Level Practitioner data.

Table is T\_KAPER\_MID\_LVL\_PRACT. The first Yes/No indicator does not appear on the form. This field is in table t\_kaper\_general\_info and is updated to a Y upon a successful save.

See the KAPER Form for more detail.

**2.12.109.2 Business Impact**

N/A

**2.12.109.3 Technical Specifications**

N/A

**2.12.109.4 Clarifications**

No associated clarifications found.

**2.12.109.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.109.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.109.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.110 KYAmend-KAPER Languages - 2944**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2944	Change Order		Provider Data Maintenance	40.00		2

**2.12.110.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Languages data.

Table is T\_KAPER\_PR\_LANGUAGE. The field CDE\_LANG\_METHOD is hard-coded to 'O' for Office Personnel.

Code table T\_KAPER\_LANGUAGE contains the valid language codes. Display both the code and the description in the drop down list.

The Interpreters field is on the t\_kaper\_general\_info table.

See the KAPER Form for more detail.

**2.12.110.2 Business Impact**

N/A

**2.12.110.3 Technical Specifications**

N/A

**2.12.110.4 Clarifications**

No associated clarifications found.

**2.12.110.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.110.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.110.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.111 KYAmend-KAPER Accessibilities - 2945**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2945	Change Order		Provider Data Maintenance	40.00		2

**2.12.111.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Accessibilities data.

Table is T\_KAPER\_ACCESS.

See the KAPER Form for more detail.

**2.12.111.2 Business Impact**

N/A

**2.12.111.3 Technical Specifications**

N/A

**2.12.111.4 Clarifications**

No associated clarifications found.

**2.12.111.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.111.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.111.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.112 KYAmend-KAPER Services - 2946**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2946	Change Order		Provider Data Maintenance	40.00		2

**2.12.112.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Service data.

Table is T\_KAPER\_SERVICES.

See the KAPER Form for more detail.

**2.12.112.2 Business Impact**

N/A

**2.12.112.3 Technical Specifications**

N/A

**2.12.112.4 Clarifications**

No associated clarifications found.

**2.12.112.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.112.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.112.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.113 KYAmend-KAPER Partners Assoc - 2947**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2947	Change Order		Provider Data Maintenance	40.00		2

**2.12.113.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Partners Assoc data.

Table is T\_KAPER\_COLLEAGUE. Field cde\_partner is hard-coded to 'P'. The Type and Specialty dropdowns are filled with the T\_KAPER\_SPECIALTY and T\_KAPER\_TYPE code tables. Make sure the code and description appear in the list. These type and specialty drop down lists appear on multiple panels.

See the KAPER Form for more detail.

**2.12.113.2 Business Impact**

N/A

**2.12.113.3 Technical Specifications**

N/A

**2.12.113.4 Clarifications**

No associated clarifications found.

**2.12.113.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.113.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.113.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.114 KYAmend-KAPER Covering Coll - 2948**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2948	Change Order		Provider Data Maintenance	40.00		2

**2.12.114.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 4 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Covering Colleagues data.

Table is T\_KAPER\_COLLEAGUE. Field cde\_partner is hard-coded to 'C'. The Type and Specialty dropdowns are filled with the T\_KAPER\_SPECIALTY and T\_KAPER\_TYPE code tables. Make sure the code and description appear in the list. These type and specialty drop down lists appear on multiple panels.

See the KAPER Form for more detail.

**2.12.114.2 Business Impact**

N/A

**2.12.114.3 Technical Specifications**

N/A

**2.12.114.4 Clarifications**

No associated clarifications found.

**2.12.114.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.114.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.114.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.115 KYAmend-KAPER Admitting - 2949**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2949	Change Order		Provider Data Maintenance	40.00		2

**2.12.115.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 5 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Admitting Arrangements data.

The field's ind\_hosp\_priv and txt\_admit\_arrange on table t\_kaper\_general\_info are updated on this panel. This table always already has data on it because Section 1 must be saved before getting to this panel. See the KAPER Form for more detail.

**2.12.115.2 Business Impact**

N/A

**2.12.115.3 Technical Specifications**

N/A

**2.12.115.4 Clarifications**

No associated clarifications found.

**2.12.115.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.115.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.115.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/02/2006
Ready for Construction Walkthrough	11/09/2006
Deferred	02/03/2007

**2.12.116 KYAmend-KAPER Section 4 - 2950**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2950	Change Order		Provider Data Maintenance	40.00		2

**2.12.116.1 Desired Solution**

Open up all panels used to maintain data in Section 4 Practice Location Information when this menu option is selected. These include

- Primary Practice Location CO2937;
- Office Manager CO 2938;
- Billing Contact CO 2939;
- Payment and Remit CO 2940;
- Office Hours CO 2941;
- Open Practice Status CO 2942;
- Mid-Level Practitioner CO 2943;
- Languages CO 2944;
- Accessibilities CO 2945;
- Services CO 2946;
- Partners Associates CO 2947;
- Covering Colleagues CO 2948; and,
- Admitting Arrangements CO 2949.

**2.12.116.2 Business Impact**

N/A

**2.12.116.3 Technical Specifications**

N/A

**2.12.116.4 Clarifications**

No associated clarifications found.

**2.12.116.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.116.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.116.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/06/2006
Deferred	02/03/2007

**2.12.117 KYAmend-KAPER Hosp Priv Primary - 2951**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2951	Change Order		Provider Data Maintenance	40.00		2

**2.12.117.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 5 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Hosp Privileges Primary data.

Table is t\_kaper\_hosp\_priv. Cde\_priv\_type = 'P'.

See the KAPER Form for more detail.

**2.12.117.2 Business Impact**

N/A

**2.12.117.3 Technical Specifications**

N/A

**2.12.117.4 Clarifications**

No associated clarifications found.

**2.12.117.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.117.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.117.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/02/2006
Ready for Construction Walkthrough	11/15/2006
Deferred	02/03/2007

**2.12.118 KYAmend-KAPER Hosp Priv Other - 2952**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2952	Change Order		Provider Data Maintenance	40.00		2

**2.12.118.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 5 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Hosp Privileges Other data.

Table is t\_kaper\_hosp\_priv. Cde\_priv\_type = 'P'.

See the KAPER Form for more detail.

**2.12.118.2 Business Impact**

N/A

**2.12.118.3 Technical Specifications**

N/A

**2.12.118.4 Clarifications**

No associated clarifications found.

**2.12.118.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.118.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.118.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	11/02/2006
Ready for Construction Walkthrough	11/15/2006
Deferred	02/03/2007

**2.12.119 KYAmend-KAPER Insurance Carriers - 2953**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2953	Change Order		Provider Data Maintenance	40.00		2

**2.12.119.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 6 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Insurance Carriers data.

Table name is t\_kaper\_insurance.

See the KAPER Form for more detail.

**2.12.119.2 Business Impact**

N/A

**2.12.119.3 Technical Specifications**

N/A

**2.12.119.4 Clarifications**

No associated clarifications found.

**2.12.119.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.119.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.119.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	10/31/2006
Deferred	02/03/2007

**2.12.120 KYAmend-KAPER Section 5 - 2954**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2954	Change Order		Provider Data Maintenance	40.00		2

**2.12.120.1 Desired Solution**

Open up all panels used to maintain data in Section 5 Hospital Affiliations Information when this menu option is selected. These include

- Admitting Priv CO 2949;
- Hospital Privileges Primary CO2951; and,
- Hospital Privileges Other CO2952.

**2.12.120.2 Business Impact**

N/A

**2.12.120.3 Technical Specifications**

N/A

**2.12.120.4 Clarifications**

No associated clarifications found.

**2.12.120.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.120.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.120.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
SE Assigned	11/02/2006
Deferred	02/03/2007

**2.12.121 KYAmend-KAPER Section 6 - 2955**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2955	Change Order		Provider Data Maintenance	40.00		2

**2.12.121.1 Desired Solution**

Open up all panels used to maintain data in Section 6 Professional Liability Information when this menu option is selected. These include

- Insurance Carriers CO2953.

**2.12.121.2 Business Impact**

N/A

**2.12.121.3 Technical Specifications**

N/A

**2.12.121.4 Clarifications**

No associated clarifications found.

**2.12.121.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.121.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.121.7 Change Order Status**

<b>Status</b>	<b>Date</b>
Issue Identified	06/26/2006
SE Assigned	10/31/2006
Deferred	02/03/2007

**2.12.122 KYAmend-KAPER Military Duty - 2956**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2956	Change Order		Provider Data Maintenance	40.00		2

**2.12.122.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 7 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Military Duty data.

See the KAPER Form for more detail.

**2.12.122.2 Business Impact**

N/A

**2.12.122.3 Technical Specifications**

N/A

**2.12.122.4 Clarifications**

No associated clarifications found.

**2.12.122.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.122.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.122.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
Deferred	02/03/2007

**2.12.123 KYAmend-KAPER Work History - 2957**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2957	Change Order		Provider Data Maintenance	40.00		2

**2.12.123.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 7 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Work History data.

See the KAPER Form for more detail.

**2.12.123.2 Business Impact**

N/A

**2.12.123.3 Technical Specifications**

N/A

**2.12.123.4 Clarifications**

No associated clarifications found.

**2.12.123.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.123.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.123.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
Deferred	02/03/2007

**2.12.124 KYAmend-KAPER Work Gaps - 2958**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2958	Change Order		Provider Data Maintenance	40.00		2

**2.12.124.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 7 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Gaps in Work History data.

See the KAPER Form for more detail.

**2.12.124.2 Business Impact**

N/A

**2.12.124.3 Technical Specifications**

N/A

**2.12.124.4 Clarifications**

No associated clarifications found.

**2.12.124.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.124.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.124.7 Change Order Status**

Status	Date
Issue Identified	06/26/2006
Deferred	02/03/2007

**2.12.125 KYAmend-KAPER Quest and Comm - 2965**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2965	Change Order		Provider Data Maintenance	40.00		2

**2.12.125.1 Desired Solution**

Create a maintenance panel opened when the KAPER Selection 8 option is chosen from the KAPER Maintenance Menu. This panel is used to maintain the Questions and Comments data.

See the KAPER Form for more detail.

**2.12.125.2 Business Impact**

N/A

**2.12.125.3 Technical Specifications**

N/A

**2.12.125.4 Clarifications**

No associated clarifications found.

**2.12.125.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.125.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.125.7 Change Order Status**

Status	Date
Issue Identified	06/27/2006
SE Assigned	11/15/2006
Deferred	02/03/2007

**2.12.126 KYAmend-KAPER Section 8 - 2966**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2966	Change Order		Provider Data Maintenance	40.00		2

**2.12.126.1 Desired Solution**

Open up all panels used to maintain data in Section 8 Disclosure Questions when this menu option is selected. These include

- Questions and Comments CO2965.

**2.12.126.2 Business Impact**

N/A

**2.12.126.3 Technical Specifications**

N/A

**2.12.126.4 Clarifications**

No associated clarifications found.

**2.12.126.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.126.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.126.7 Change Order Status**

Status	Date
Issue Identified	06/27/2006
SE Assigned	11/15/2006
Deferred	02/03/2007

**2.12.127 KYAmend-KAPER Section 7 - 2967**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2967	Change Order		Provider Data Maintenance	40.00		2

**2.12.127.1 Desired Solution**

Open up all panels used to maintain data in Section 7 Work History and References when this menu option is selected. These include:

- Military Duty CO2956;
- Work History CO2957; and,
- Gaps in Work History CO2958.

**2.12.127.2 Business Impact**

N/A

**2.12.127.3 Technical Specifications**

N/A

**2.12.127.4 Clarifications**

No associated clarifications found.

**2.12.127.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.127.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.127.7 Change Order Status**

Status	Date
Issue Identified	06/27/2006
Deferred	02/03/2007

**2.12.128 KYAmend-KAPER Data Model - 2968**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2968	Change Order		Provider Data Maintenance	150.00		2

**2.12.128.1 Desired Solution**

Create tables to store all of the data entered on the KAPER form.

**2.12.128.2 Business Impact**

N/A

**2.12.128.3 Technical Specifications**

N/A

**2.12.128.4 Clarifications**

No associated clarifications found.

**2.12.128.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.128.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.128.7 Change Order Status**

Status	Date
Issue Identified	06/27/2006
SE Assigned	07/20/2006
Ready for DM Review	08/01/2006
Ready for Construction Walkthrough	08/02/2006
Ready for Model Office	08/11/2006
Model Office Implemented	08/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

**2.12.129 KYAmend-Provider Enroll Process - 2970**

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2970	Change Order		Provider Data Maintenance	120.00		2

**2.12.129.1 Desired Solution**

Update the Provider Enrollment process to incorporate data entered from the Map 811 and KAPER forms. Some of the provider tables can be pre-populated with data from these forms.

**2.12.129.2 Business Impact**

N/A

**2.12.129.3 Technical Specifications**

N/A

**2.12.129.4 Clarifications**

No associated clarifications found.

**2.12.129.5 Associated Requirements**

Requirement ID	Type
2911	KY Amend

**2.12.129.6 Associated System Objects**

Technical Name	Object Type	Title
Prov.ApplicationInformationMaintenance.ascx	Panel	Application Information Maintenance

**2.12.129.7 Change Order Status**

Status	Date
Issue Identified	06/27/2006
Deferred	02/03/2007